

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 3

1. PLACE OF BIRTH
Sumter

County of _____

Township of _____

or
Inc. Town of _____

or
City of _____

(If birth occurs in a hospital or other institution give name of same instead of street and number)

2. FULL NAME OF CHILD

3. BOY OR
GIRL
BOY

4. Twin or
Triplet?

5. Number in order
of birth

6. Are
Parents
Married?

7. DATE OF BIRTH

(If child is not yet named, make
supplemental report as directed.)

To be answered only in event of Twins or Triplets

Yes

(Name of Month) (Day) (Year)

FATHER

MOTHER

8. FULL
NAME Walter G. Riles

9. ADDRESS AT
CHILD'S BIRTH
14 R.R. Ave., Sumter, S.C.

10. COLOR
OR
RACE White

11. AGE AT CHILD'S
BIRTH 41

(Years)

12. BIRTHPLACE
Sumter, S.C.

13. OCCUPATION
Mechanic

20. Number of children born to
mother, including present birth 9

14. NAME BEFORE
MARRIAGE Angelina Jeffries

15. ADDRESS AT
CHILD'S BIRTH
14 R.R. Ave., Sumter, S.C.

16. COLOR
OR
RACE White

17. AGE AT CHILD'S
BIRTH 36

(Years)

18. BIRTHPLACE
Lee County, S.C.

19. OCCUPATION
Housewife

21. Number of children by this mother
now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was
on the date above stated.

23. Signature

24. State whether Physician or Midwife

(born alive or stillborn) at _____ M.

(Hour A. M. or P.M.)

25. Address of Physician or Midwife
Sumter, S.C.

Given name added from a supplemental report

194

Registrar

26. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

27. Filed June 15

19 44 28. L. A. Riser, M.D.

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.- 23 048046

Registration District No. 41-a

(No. 14 R.R. Ave. St.;

Registered No. _____

(For use of Local Registrar)

Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number)

2. FULL NAME OF CHILD Bernard S. Riles

5. Number in order
of birth

6. Are
Parents
Married?

7. DATE OF BIRTH

(If child is not yet named, make
supplemental report as directed.)

To be answered only in event of Twins or Triplets

Yes

(Name of Month) (Day) (Year)

FATHER

MOTHER

8. FULL
NAME Walter G. Riles

9. ADDRESS AT
CHILD'S BIRTH
14 R.R. Ave., Sumter, S.C.

10. COLOR
OR
RACE White

11. AGE AT CHILD'S
BIRTH 41

(Years)

12. BIRTHPLACE
Sumter, S.C.

13. OCCUPATION
Mechanic

20. Number of children born to
mother, including present birth 9

14. NAME BEFORE
MARRIAGE Angelina Jeffries

15. ADDRESS AT
CHILD'S BIRTH
14 R.R. Ave., Sumter, S.C.

16. COLOR
OR
RACE White

17. AGE AT CHILD'S
BIRTH 36

(Years)

18. BIRTHPLACE
Lee County, S.C.

19. OCCUPATION
Housewife

21. Number of children by this mother
now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was
on the date above stated.

23. Signature

24. State whether Physician or Midwife

(born alive or stillborn) at _____ M.

(Hour A. M. or P.M.)

25. Address of Physician or Midwife
Sumter, S.C.

Given name added from a supplemental report

194

Registrar

26. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

27. Filed June 15

19 44 28. L. A. Riser, M.D.

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.