

(1) PLACE OF BIRTH

County of Wayne
 Township of Hammondville
 Inc. Town of Hammondville
 City of _____

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

File No. — For State Registrar Only
17448

Registration District No. 17A

Registered No. 30
 (For use of Local Registrar)

(No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 10 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Frank D. Riley</u>			(14) NAME BEFORE MARRIAGE <u>Julia Egerton</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Hammondville S.C.</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Hammondville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(12) BIRTHPLACE <u>Crawford County</u>			(18) BIRTHPLACE <u>Florida</u>	
(13) OCCUPATION <u>Planter</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Hammondville S.C., on the date above stated. (Hour 9 A. M. or P. M.)

(23) (Signature) Charles D. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Hammondville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

JUN 30 1923

(28) Local Registrar

MD. J. LAVERNE

*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.