

(1) PLACE OF BIRTH
 County of Flarewell
 Township of

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

File No. — For State Registrar Only
52226

Inc. Town of Registration District No. 20th Registered No. 20
 (For use of Local Registrar)
 City of Timmonsville (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 Mary Elizabeth Riley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 14</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>George Goldston Riley</u>		(14) NAME BEFORE MARRIAGE <u>Dorothy Elizabeth Chandler</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Timmonsville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Timmonsville</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)		(16) COLOR OR RACE <u>white</u>
(12) BIRTHPLACE <u>Darlington Co.</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(13) OCCUPATION <u>Machineist</u>		(18) BIRTHPLACE <u>Darlington Co.</u>		
(20) Number of children born to mother, including present birth <u>two</u>		(19) OCCUPATION <u>Domestic</u>		
		(21) Number of children of this mother now living, including present birth <u>two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. P. X. Foster
 (24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Timmonsville

Given name added from a supplemental report
 _____, 191...
 _____ Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

 (27) Filed _____ 191... (28) _____ 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.
 *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.

BEARING CHILDREN IN THE STATE OF SOUTH CAROLINA
 WITHOUT REGISTERING THEM IN THE BUREAU OF VITAL STATISTICS IS A PUNISHABLE OFFENSE
 PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH
 IN CASE OF TWIN OR TRIPLET BIRTHS USE A SUPPLEMENTARY REPORT FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 REGISTERED AT THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, SOUTH CAROLINA.