

(1) PLACE OF BIRTH

County of Flamere

Township of

OR
Inc. Town of

OR
City of Unionville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

52226

Registration District No. 70 NA Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child Mary Elizabeth Riley

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? ✓

To be answered only in case of Twins or Triplets

(5) Number in order of birth ✓

(6) Are Parents Married? yes

(7) DATE OF BIRTH March 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Goldston Riley

(9) PRESENT POSTOFFICE OF FATHER Unionville

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Machinist

(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Darrah Elizabeth Chandler

(15) PRESENT POSTOFFICE OF MOTHER Unionville

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth two

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. K. Foster

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Unionville

Given name added from a supplemental report

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

(27) Filed 191 (28) Local Registrar. Robert R. R. R.

*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.

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MADE BY THE REGISTRAR. WITH UNLESS OTHERWISE SPECIFIED, THIS IS THE ONLY FORM TO BE USED. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.