

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of S. C.Inc. Town of Caston S.C.

City of

(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

36296

Registration District No. 9803Registered No. 254

(For use of Local Registrar)

(2) Full Name of Child Shirrel Riley

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Oct 16 1939

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harrison Riley

(9) PRESENT POSTOFFICE OF FATHER

Caston S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

Richland.

(13) OCCUPATION

Farmer.

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

(2) Yes

MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Lakin.

(15) PRESENT POSTOFFICE OF MOTHER

Caston S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Fairfield Co.

(19) OCCUPATION

Farmer.

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

(2) Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Easton S.C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/25/39

(28)

Caston S.C.

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.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.