

## (1) PLACE OF BIRTH

County of F. D. H.  
 Township of Shalden  
 or  
 Inc. Town of .....

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

File No. — For State Registrar Only  
**6594**

Registration District No. 603B

Registered No. 18  
 (For use of Local Registrar)

City of ..... (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 Isabella Riley (If child is not yet named, make supplemental report as directed)

(3) Sex girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25, 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Abraham Riley

(9) PRESENT POSTOFFICE OF FATHER Yemassee

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE Beaufort Co

(13) OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Isabel Singleton

(15) PRESENT POSTOFFICE OF MOTHER Yemassee

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE Beaufort Co

(19) OCCUPATION House work

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

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 AM on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Ritterman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Yemassee

Given name added from a supplemental report

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

(27) Filed Jan 30, 1922 (28) Pat Wall 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.