

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1914

County of Greenville

Township of

or Inc. Town of

or City of Greenville

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

Registration District No. 22

Registered No. 85

(For use of Local Registrar)

(No. 317 Ward First)

(2) Full Name of Child. Butler Riddle

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 1914 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Charles H. Riddle (14) NAME BEFORE MARRIAGE Marion S. Miller
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Pinebluff S.C. (18) BIRTHPLACE Wadesboro C. H. S.C.
(13) OCCUPATION Clerk (19) OCCUPATION House wife
(20) Number of children born to mother, including present birth one (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 at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. R. Riddle (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 10 1916 (28) C. E. Smith 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 FURNISHING THIS MINUTE RECORD, WRITE PLAINLY, WITH ENGLISH ALPHABET, IN INK, IN CAPITAL LETTERS, AND IN BLOCK. 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 2.