

Form No. 1

## (1) PLACE OF BIRTH

County of ClarendonTownship of Concord

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3474

Registration District No. 302 Registered No. 10

(For use of Local Registrar)

(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 Eugenie Riley

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

(3) SEX OR <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parental Marriage	(7) DATE OF BIRTH <u>Feb 7</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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<b>FATHER</b> (8) FULL NAME <u>Jack Riley</u> (9) PRESENT POSTOFFICE OF FATHER <u>Summerton, S.C.</u> (10) COLOR OR RACE <u>Col</u> (11) AGE AT LAST BIRTHDAY <u>42</u> (Year) (12) BIRTHPLACE <u>Clarendon, S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>14</u>		<b>MOTHER</b> (14) NAME BEFORE MARRIAGE <u>Jenna Riley</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Summerton, S.C.</u> (16) COLOR OR RACE <u>Col</u> (17) AGE AT LAST BIRTHDAY <u>35</u> (Year) (18) BIRTHPLACE <u>Clarendon, S.C.</u> (19) OCCUPATION <u>House Keeper</u> (21) Number of children of this mother now living, including present birth <u>8</u>	
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) <u>Angeline Person</u>	(24) State of <u>South Carolina</u>	(25) Address of Physician or Midwife <u>Summerton, S.C.</u>
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Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed in check)

(27) Mar 5 1923 (28) J. E. Ralston 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.

THIS IS A SUPPLEMENTARY RECORD  
 OF BIRTHS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

State of South Carolina, Columbia, S. C.