

Form No. 1

(1) PLACE OF BIRTH

County of Berkely Co
 Township of 1st Jabez
 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
13010

Registration District No. 2.10 Registered No.
 (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 not yet named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be covered only in event of Twins or Triplets
 (5) Number in order of birth
 (6) Are Parents Married ye (7) DATE OF BIRTH may 21 23
 (Month of Birth) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Riley
 (9) PRESENT POSTOFFICE OF FATHER Ridgelyville
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Alma Cagerton
 (15) PRESENT POSTOFFICE OF MOTHER Ridgelyville S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Berkely Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) R. J. Ackerman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Ridgelyville

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Dated June 7 23 (28) R. L. 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.

WITHIN PLAINLY WITHIN 5 FEET OF THE BIRTH PLACE IN A PROMINENT PLACE
 IN THE CASE OF TWINS OR TRIPLETS WITHIN 5 FEET OF EACH CHILD
 FIRST-BORN, No. 1. THIS FORM, No. 2, etc. in question 2
 DEPARTMENT OF HEALTH, COLUMBIA, S.C.