

Form No. 1

## (1) PLACE OF BIRTH

County of

Berkely Co

Township of

1st Jatur

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

13010

Registration District No. 2.10

Registered No. ....

(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

not yet named

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

(3) BOY OR GIRL

y il

(4) Twin or Triple

To be answered only in event of Twin or Triple

(5) Number in order of birth

y il

(6) Are Parents Married

y il

(7) DATE OF BIRTH

march 21 1923

(Name of Month) (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

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alma E. Gorton

(15) PRESENT POSTOFFICE OF MOTHER

Ridgelyville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Berkely Co

(19) OCCUPATION

Housewife

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

1

(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, on the date above stated.

Alma E. Gorton

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. J. Ackerman

(24) State whether Physician or Midwife

Physician

Ridgelyville

(Given name added from a supplemental report)

(25) Witness

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

(26) Signed

June 7 1923

(27) Local Registrar

R. L. Smith

\*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.