

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of H 3  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

43857

Registration District No. 3410 Registered No. 120  
 (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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elliot Riley  
 (9) PRESENT POSTOFFICE OF FATHER Little Mountain Sc  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33  
 (Years) (12) BIRTHPLACE Newberry cc  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Hardy  
 (15) PRESENT POSTOFFICE OF MOTHER Little Mountain Sc  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
 (Years) (18) BIRTHPLACE Newberry cc  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 1:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Riley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newberry 757

Given name added from a supplemental report

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

(27) Filed Dec 10, 1922 (28) W. T. Folsom 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.