

Form No 1.

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

47100

Registration District No. 3614 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Haskell Riley

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

(3) BOY OR GIRL? boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are yes parents married? ..... (7) DATE OF BIRTH Jan 2  
 (To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME General Riley  
 (9) PRESENT POSTOFFICE OF FATHER Vance S.C.  
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE Orangeburg S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Sitha Sweet  
 (15) PRESENT POSTOFFICE OF MOTHER Vance S.C.  
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 20  
 (Years)  
 (18) BIRTHPLACE Orangeburg Co.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Conley x Fainnot  
 (24) State whether Physician or Midwife: Mid wife (25) Address of Physician or Midwife: Vance S.C.

Given name added from a supplemental report

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

(27) Filed Jan 9 1916 (28) S. G. Gantner  
 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.

MARGIN RESERVED FOR BINDING.

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.

Caw. of Columbia.