

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
81054

(1) PLACE OF BIRTH

County of Colleton

Township of Walterboro

or
Inc. Town of

Registration District No. 1406 Registered No. 74
(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 Riley E. Smoak } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Aug, 27, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in case of twins or triplets.

FATHER.

(8) FULL NAME Curtis Smoak

(9) PRESENT POSTOFFICE OF FATHER Walterboro

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Colleton Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Benton

(15) PRESENT POSTOFFICE OF MOTHER Walterboro

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Colleton Co

(19) OCCUPATION Domestic

(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 at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Radgett, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Ruffin

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filled Walterboro 1916. (28) W. B. ... 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.

THESE BLANKS 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.
 McChw. of Columbia