

(1) PLACE OF BIRTH

County of AndersonTownship of Williamston

Inc. Town of.....

City of COUNTRY

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1922Registered No. 1

(For use of Local Registrar)

(No. 314)(St. Ward)(2) Full Name of Child Christine Riley

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 26 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Riley.(9) PRESENT POSTOFFICE OF FATHER Pelzer.(10) COLOR OR RACE colored. (11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Belted Township(13) OCCUPATION farm.(22) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Harper.(15) PRESENT POSTOFFICE OF MOTHER Pelzer.(16) COLOR OR RACE colored. (17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Pendleton, S.C.(19) OCCUPATION farm(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife America Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness John Riley, Jane Harper

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed MARCH 12 1922 (28) J. B. Martin

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.

Registrar

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MARGIN RESERVED FOR BINDING. WITH UNFOLDING INTERFERENCE IS A PERMANENT RECORD. WHEN PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE PAGE NUMBER. No. 1. THIS OFFICE, No. 2, etc. in question 5. No. 3. No. 4. No. 5. No. 6. No. 7. No. 8. No. 9. No. 10. No. 11. No. 12. No. 13. No. 14. No. 15. No. 16. No. 17. No. 18. No. 19. No. 20. No. 21. No. 22. No. 23. No. 24. No. 25. No. 26. No. 27. No. 28. No. 29. No. 30. No. 31. No. 32. No. 33. No. 34. No. 35. No. 36. No. 37. No. 38. No. 39. No. 40. No. 41. No. 42. No. 43. No. 44. No. 45. No. 46. No. 47. No. 48. No. 49. No. 50. No. 51. No. 52. No. 53. No. 54. No. 55. No. 56. No. 57. No. 58. No. 59. No. 60. No. 61. No. 62. No. 63. No. 64. No. 65. No. 66. No. 67. No. 68. No. 69. No. 70. No. 71. No. 72. No. 73. No. 74. No. 75. No. 76. No. 77. No. 78. No. 79. No. 80. No. 81. No. 82. No. 83. No. 84. No. 85. No. 86. No. 87. No. 88. No. 89. No. 90. No. 91. No. 92. No. 93. No. 94. No. 95. No. 96. No. 97. No. 98. No. 99. No. 100.