

(1) PLACE OF BIRTH

County of Anderson
Township of Williamston
or
Inc. Town of.....
or
City of COUNTRY

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3099

Registration District No. 1922 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Christene Riley

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

3) BOY OR GIRL girl 4) Twin or Triplet? No. 5) Number in order of birth 314 6) Are Parents Married? yes 7) DATE OF BIRTH Jan 6 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
12) OCCUPATION farm

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

23) Number of children born to mother, including present birth 12 24) 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 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
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(26) Witness John Riley & Jane Harper
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed March 12 1922 (28) J. D. 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.

..... 19

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MARRIAGE LICENSES FOR BIRTHS... REGISTERED... IN...
WHETHER PLAINLY... WITH UNPROMINENT LETTERS IN A PROMINENT POSITION...
S. B.—In case of twins or triplets use a separate blank form for each child, and mark the order of birth. No. 1—This certificate, No. 2, etc. in question 5
State of South Carolina, Columbia, S. C.