

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Donalds
 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

2611

Registration District No. 115 Registered No. 13
 (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 Garfield Riley If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Type or Triplet No (5) Number in order of birth 1st (6) Age of Parent 45 (7) DATE OF BIRTH Feb. 21, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Riley
 (9) PRESENT POSTOFFICE OF FATHER Donalds, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
 (Year)
 (12) BIRTHPLACE Abbeville Co.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Donalds, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Abbeville Co.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:29 A.M.
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Arabella Anderson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

MidwifeHodges, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Signed W. H. H.(27) Signed Charles Humphrey

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.
 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.