

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell

Township of

or
Inc. Town of Barnwell
orCity of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

88435

Registration District No. 501 Registered No. 66
(For use of Local Registrar)(2) Full Name of Child Unnamed Riley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 16, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rich. W. Riley(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE Barnwell Co.(13) OCCUPATION County Auditor(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lula May Woodward(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Colleton County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. K. Kiskland, M.D.

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

Physician Barnwell S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 16, 1906 (28) R. K. Kiskland
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.

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.
Cay. of Columbia