

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH
County of Clarendon
Township of Manning
or
Inc. Town of Manning
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

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

Registration District No. 13a Registered No. _____
(For use of Local Registrar)

16 093414

FILE No. For State Registrar Only

00102

2. FULL NAME OF CHILD Earline Riley
(If child is not yet named, make supplemental report as directed.)

3. Boy or girl Girl If Plural births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? Yes 8. Date of birth Oct. 14, 1916
(Month, day, year)

9. Full name FATHER
James Riley

10. Residence (mailing address) Manning, S.C.
(If non-resident, give place and State)

11. Color or race negro 12. Age at child's birth 28 (years)

13. Birthplace (city or place) Paxville, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Name before marriage MOTHER
Hattie McDuffie

19. Residence (mailing address) Manning, S.C.
(If non-resident, give place and State)

20. Color or race negro 21. Age at child's birth 26 (years)

22. Birthplace (city or place) Manning, S.C.
(State or country)

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother 3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
(At time of birth and including this child)

28. If Stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eugenia McDuffie Parent
Grandmother
or _____, Guardian

Given name added from _____
a supplementary report _____
(Date of) _____

Address Manning, S.C.
Filed 10/24/32 1932

Registrar.

R.E. Wells, C.C. Registrar.

Martin B. Woodward, M.D.

Not in
Complete
Card, etc.
342