

16 093414

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Clarendon</u>				00102	
Township of <u>Manning</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
or <u>Manning</u>		State Board of Health		Registration District No. <u>13a</u>	
Inc. Town of _____		Registered No. _____		(For use of Local Registrar)	
or _____		St.; _____		Ward _____	
City of _____		(No. _____)		(If birth occurs in a hospital or other institution, give name of same instead of street and number)	
2. FULL NAME OF CHILD		<u>Earline Riley</u>		(If child is not yet named, make supplemental report as directed.)	
3. Boy or girl	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents Married?	8. Date of birth
<u>Girl</u>				<u>Yes</u>	<u>Oct. 14</u> , 19 <u>16</u> (Month, day, year)
9. Full name FATHER			18. Name before MOTHER		
<u>James Riley</u>			<u>Hattie McDuffie</u>		
10. Residence (mailing address) <u>Manning, S.C.</u>			19. Residence (mailing address) <u>Manning, S.C.</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race	22. Age at child's birth	20. Color or race	21. Age at child's birth		
<u>negro</u>	<u>28</u> (years)	<u>negro</u>	<u>26</u> (years)		
13. Birthplace (city or place) <u>Paxville, S.C.</u>			22. Birthplace (city or place) <u>Manning, S.C.</u>		
(State or country)			(State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, at house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) <u>3</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead (c) Stillborn					
28. If Stillborn, period of gestation					
29. Cause of stillbirth					

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.

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)

Not in
Completed
Cards, etc.
M.B.