

(1) PLACE OF BIRTH

County of Franklin
 Township of Elizabeth
 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

19664

Registration District No. 3604 Registered No. 56
 (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 Bonnie T. 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 June 6 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Caprice Riley (14) NAME BEFORE MARRIAGE Rebecca Bay

(9) PRESENT POSTOFFICE OF FATHER North SC (15) PRESENT POSTOFFICE OF MOTHER North SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40
 (Years) (Years)

(12) BIRTHPLACE Franklin Co (18) BIRTHPLACE Franklin Co

(13) OCCUPATION Farm Laborer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Gordon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2 22 (28) J. H. Haege 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.

MADE IN COLUMBIA, COLUMBIA, S. C.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.