

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA.		76136	
Township of <i>St. Andrews</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <i>928</i>		Registered No. <i>15</i>	
or				(For use of Local Registrar)	
City of .....		(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 <i>Samuel Riley</i>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 30, 1916</i>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <i>Callick Riley</i>			(14) NAME BEFORE MARRIAGE <i>Caliza</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>John's Island</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>John's Island</i>		
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>44</i>	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>30</i>		
(12) BIRTHPLACE <i>St. Andrews</i>		(18) BIRTHPLACE <i>St. Andrews</i>			
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>4</i>		(21) Number of children of this mother now living, including present birth			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>L. A. S. S. S.</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Midwife John's Island</i>					
(26) Witness <i>A. S. S. S.</i> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <i>Oct 11, 1916</i> (28) <i>L. B. S. S.</i> 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.