

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.

Caw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Charleston STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of St. Andrews State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 928 Registered No. 15  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**76136**

(2) Full Name of Child Samuel Riley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Calick Riley  
 (9) PRESENT POSTOFFICE OF FATHER Johns Island  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE St. Andrews  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Caliza  
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE St. Andrews  
 (19) OCCUPATION Housewife  
 (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) Sarah K. Gibbs  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness W. E. Simpson  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 11, 1916 (28) L. D. Lenehan  
 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.