

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Cancon  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**20032**

Registration District No. 2.A.1. Registered No. 47  
 (For use of Local Registrar)

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 Helen Riley (If child is not yet named, make supplemental report as directed)

(3) Sex Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at Present Marriage Yes (7) DATE OF BIRTH July 6, 1923  
 To be answered only in event of Twin or Triplet

FATHER.		MOTHER.	
(8) FULL NAME <u>John Riley</u>	(14) NAME BEFORE MARRIAGE <u>C. E. Robinson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Jamison</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jamison</u>
(10) COLOR OR RACE <u>Ches</u>	(16) COLOR OR RACE <u>Ches</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farm hand</u>	(19) OCCUPATION <u>Farm hand</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mauda K. West  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 18, 1923 (28) B. H. H. H. H. 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.

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A. C. Smith