

MARGIN RESERVED FOR BINDING.  
 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.  
 McCaw, of Columbia.

LP  
 19  
 5

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston (No. Roper Hospital)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Use Only  
**45619**

Registration District No. 9A Registered No. 1  
 (For use of Local Releas. St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>January 1</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Jno Riley</u>			(14) NAME BEFORE MARRIAGE <u>Julia Robinson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Church Street Charleston P.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>44 Chisler St Charleston P.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>James Island P.C.</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>			
(13) OCCUPATION <u>Laborer</u>	(18) BIRTHPLACE <u>Mt. Pleasant P.C.</u>			
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) W. J. Green, M.D., Roper Hospital  
 (24) State whether Physician of Midwife (25) Address of Physician or Midwife

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

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 1/3/16 ..... 191.....  
J. Mercein Green, M.D.  
 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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