

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.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

(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. 4A

Registered No. 1

(For use of Local Reins.)

(2) Full Name of Child John Rabe Riley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(To be answered only in case of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jno Riley

(9) PRESENT POSTOFFICE OF FATHER Church Street Charleston P.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE James Island P.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Robinson

(15) PRESENT POSTOFFICE OF MOTHER 4 Chisler St Charleston P.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Mt. Pleasant P.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth Two

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. D. Winters M.D. Roper Hospital

(24) State whether Physician or 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 11/3/11 (28) J. Mendenhall 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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