

(1) PLACE OF BIRTH

County of Calhoun

Township of

or
Inc. Town of Wallhalla S.C.

City of

(No. St. Ward)

(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 Registrar Only

4714

Registration District No. 3108 Registered No. 4714
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 25, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert A. Riddigan</u>			(14) NAME BEFORE MARRIAGE <u>Cantrell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wallhalla S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wallhalla S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Calhoun Co.</u>			(18) BIRTHPLACE <u>Calhoun Co.</u>	
(13) OCCUPATION <u>Saw mill</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) B. J. Sloan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Wallhalla S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) W. H. 1 (28) R. C. McLean
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.

WRITE PLAINLY. WITH ENVELOPES INCLOSED IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 IN EACH 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 2.