

Form No. 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of W. J.

or
Inc. Town of

or
City of

(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

48342

Registration District No. 1901 Registered No. 15
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent Verified?	(7) DATE OF BIRTH <u>Jan 18 1916</u> (Name of Month) (Day) (Year)
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To be answered only in case of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME Walter Riddle

(14) NAME BEFORE MARRIAGE Janie Jordan

(9) PRESENT POSTOFFICE OF FATHER Woodward, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Woodward, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE N.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farm laborer

(19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 3

(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 Alive at 12-30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kippie Washington

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Woodward, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 15 1916 (28) W. C. Blair 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.

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. THIS IS A PERMANENT RECORD. WITH UNFADING INK—McCaw, of Columbia.