

(1) PLACE OF BIRTH

County of Lancaster Co.  
Township of Greenwell  
or  
Inc. Town of Princeton  
or  
City of mill

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

File No. — For State Registrar Only

26415

Registration District No. 2809.0 Registered No. 273  
(For use of Local Registrar)

(No. 16 Gate St.; Princeton Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Baby Priscilla

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

3 BOY OR GIRL? girl

4 Twin or Triplet?

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 3-27-1927  
(Name of Month) (Day) (Year)

**FATHER.**

8 FULL NAME Clarence Riddley

9 PRESENT POSTOFFICE OF FATHER 16 Gate St - Princeton mill

10 COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27  
(Years)

12 BIRTHPLACE American

13 OCCUPATION Mill work

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mattie Leopold

(15) PRESENT POSTOFFICE OF MOTHER 16 Gate St - Princeton mill

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE American

(19) OCCUPATION Mill work

(21) Number of children of this mother now living, including present birth 3

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

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

(23) (Signature)

(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 Aug 1 1927

(28)

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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