

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

77413

Registration District No. 2311 Registered No. 102
(For use of Local Registrar)

(2) Full Name of Child Mary Beatrice Riley

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

(3) ~~BOY~~ GIRL? (4) ~~TWIN~~ or Triplet? No (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 9, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Yancey Wilburn Riley

(9) PRESENT POSTOFFICE OF FATHER Breeswood SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Kirksey SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Dewey Wilson

(15) PRESENT POSTOFFICE OF MOTHER Breeswood SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Aix S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. L. Ward, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Breeswood 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 Sept 9, 1916 (28) Joseph Locke 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.