

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 Augusta  
Township of Peck  
or  
Inc. Town of Fickley  
or  
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  
**52570**

Registration District No. 2408 Registered No. 17  
(For use of Local Registrar)

(2) Full Name of Child Altham Riley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb, 15, 1906  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Linkey Rely</u>	(14) NAME OF MOTHER <u>Mary Beels</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Fickley</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fickley</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Fickley</u>	(16) COLOR OR RACE <u>Wyo</u>	(16) COLOR OR RACE <u>Wyo</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(10) COLOR OR RACE <u>Wyo</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(18) BIRTHPLACE <u>SC.</u>	(18) BIRTHPLACE <u>SC.</u>
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(19) OCCUPATION <u>Warder</u>	(19) OCCUPATION <u>Warder</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>
(12) BIRTHPLACE <u>SC.</u>	(20) Number of children born to mother, including present birth <u>Five</u>	(20) Number of children born to mother, including present birth <u>Five</u>	
(13) OCCUPATION <u>Rail Road</u>			

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

(22) I hereby certify that I attended the birth of this child, who was born at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Miller & Beels

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 212 N. Main

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, 1906 (28) HB McEn 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.