

MADE IN U.S.A. BY THE NATIONAL BUREAU OF MANUFACTURING

WRITING 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 6.

MOBILE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Effingham
Township of Bryce
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
2862

Registration District No. 204 Registered No. 10
(For use of Local Registrar)

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

(3) BOY OR GIRL g (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? y (7) DATE OF BIRTH Feb 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Riley Bessie Monae
(9) PRESENT POSTOFFICE OF FATHER Brombleville S.C.
(10) COLOR OR RACE m (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Tenn.
(13) OCCUPATION Mill operator

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Lee Hollman
(15) PRESENT POSTOFFICE OF MOTHER Brombleville S.C.
(16) COLOR OR RACE m (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Lexington Co.
(19) OCCUPATION House Wf.

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. A. Merrell
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Physician | Brombleville 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 6th 1922 M. P. Turnbull, R. S. W. D. 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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