

STATE 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.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of EffinghamTownship of Beggsor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Riley Bessan Mena

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

(3) BOY OR GIRL B(4) Twin or Triplet? —

To be answered only in case of Twins or Triplets

(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 Bessan Mena(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 Miss of school(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 Housewife(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. Mena

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 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 6 1922(28) Local Registrar. M. P. Turnbull, R.S. M.D.

*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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