

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Sheldon  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 60313

File No.—For State Registrar Only

37327

Registered No. 97  
(For use of Local Registrar)

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

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

(3) SEX Boy (4) ☒ Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 10 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Moses Riley  
 (9) PRESENT POSTOFFICE OF FATHER Sheldon  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE Beaufort Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Retha Alston  
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Beaufort Co  
 (19) OCCUPATION House Wife  
 (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 born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Alston

(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 ..... 10 ..... (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.