

(1) PLACE OF BIRTH

County of

Township of

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

14420

Registration District No. 1315

Registered No. 13
(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

Ella Mae Riley

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

(3) ~~Boy or Girl~~

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 26 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. Riley

(9) PRESENT POSTOFFICE OF FATHER

Paxville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Paxville, S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Riley

(15) PRESENT POSTOFFICE OF MOTHER

Paxville S.C.

(16) COLOR OR RACE

Mulatto

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Paxville, S.C.

(19) OCCUPATION

Housewife

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 120 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Moria Harrison

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Paxville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

1922
Registrar

(27) Date June 18 1922

(28) C. S. Harrison
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.