

Form No. 1

## (1) PLACE OF BIRTH

County of  Jasper   
 Township of  Peachtree   
 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

4312

Registration District No.  76 01  Registered No.  10   
 (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  Irene Riley  (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL  Girl  (4) Twin or Triplet   (5) Number in order of birth  1  (6) Age at birth  9 m  (7) DATE OF BIRTH  2-23-73   
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u> Big Riley </u>	(14) NAME BEFORE MARRIAGE <u> Florence Riley </u>		
(9) PRESENT POSTOFFICE OF FATHER <u> Pinecland S.C. </u>	(15) PRESENT POSTOFFICE OF MOTHER <u> Pinecland </u>		
(10) COLOR OR RACE <u> Negro </u> (11) AGE AT LAST BIRTHDAY <u> 37 </u> (Year)	(16) COLOR OR RACE <u> Negro </u> (17) AGE AT LAST BIRTHDAY <u> 32 </u> (Year)		
(12) BIRTHPLACE <u> South Carolina </u>	(18) BIRTHPLACE <u> South Carolina </u>		
(13) OCCUPATION <u> Farmer </u>	(19) OCCUPATION <u> Farmwife </u>		
(20) Number of children born to mother, including present birth <u> Six </u>	(21) Number of children of this mother now living, including present birth <u> Six </u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)  Fannie Brown   
 (24) State whether Physician or Midwife  Midwife  (25) Address of Physician or Midwife  Pinecland S.C.

Given name added from a supplemental report

(26) Witness  R. W. R.  (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed  7-26  (28)  Peter R.  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.