

(1) PLACE OF BIRTH

County of Los Angeles
 Township of San Jacinto
 OR
 Inc. Town of
 OR
 City of

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

(2) Full Name of Child Benny G. Riley

File No.—For State Registrar Only
42166

Registration District No. 1704 Registered No. 55
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James A. Riley
 (9) PRESENT POSTOFFICE OF FATHER Summerville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Summerville SC
 (13) OCCUPATION Superintendent Plant
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Phena Yarbrough
 (15) PRESENT POSTOFFICE OF MOTHER Summerville SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive ... at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edward D. Tucker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville SC

Given name added from a supplemental report

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

(27) Filed DEC 21 1922 (28) Local Registrar E. D. Tucker

*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.