

Form No. 1

(1) PLACE OF BIRTH

County of Rockledge
Township of Blytheville
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
31978

Registration District No. 3800 Registered No. 117
(For use of Local Registrar)

City of (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 Fred William Riney 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. 6, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Carl Brooker Riney
(9) PRESENT POSTOFFICE OF FATHER Blytheville S.C.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) Blytheville S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Neek O'Leary Wooten
(15) PRESENT POSTOFFICE OF MOTHER Blytheville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Rock Hill S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... at... M., on the date above stated. (Born alive or stillborn) (Month) (Day) (Year)
(23) (Signature) M. Longford
(24) State whether Physician or Midwife Physician (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 Sept. 10, 1922 (28) Wm. L. ... 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.

THIS IS A PERMANENT RECORD. 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.