

2-20-43 No Corrs.

U. S. Dept. of Commerce
Bureau of the Census

22 049418

1. PLACE OF BIRTH

County of RichlandTownship of Upper

or

Inc. Town of

or

City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3805

FILE No.—For State Registrar Only

01162

Registered No.

(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 Clyde Kean Riley

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

3. Boy or Girl BoyIf Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of
birth June 14, 22

(Month, day, year)

5. Number, in order of birth

Full term

Married Yes9. Full
name

FATHER

18. Name before
marriage

MOTHER

10. Residence (mailing address)

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State)

11. Color or race W12. Age 46

(years)

20. Color or race W21. Age 34

(years)

13. Birthplace (city or place)
(State or country)22. Birthplace (city or place)
(State or country)14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work

27. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0)28. If stillborn,
period of gestationmonths
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 9 P m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 9 P m. on above date anest
(Name of Prophylactic)Cleft Palate No Hare Lip No Other Deformities No{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from
a supplementary report

(Date of)

(Signed) Anna C. G. S. M. D.or W. B. Woodward M. D. MidwifeAddress W. B. Woodward M. D.Filed Feb. 22, 1943 M. B. Woodward, M. D.
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)