

(1) PLACE OF BIRTH

County of Saluda
 Township of H...
 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

2416

Registration District No 3902Registered No. 5
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL boy (4) Twin or Triplet? ... (5) Number in order of birth ... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 17, 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

MOTHER

(8) FULL NAME Matthew Brady
 (9) PRESENT POSTOFFICE OF FATHER Saluda S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Saluda S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Barri May Riley
 (15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Saluda S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. Clara Riley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 20, 1922

(28)

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

WHEN PLACING THIS RETURN IN THE MAIL, BE SURE TO WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE STATE REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE LOCAL REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE COUNTY REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE DISTRICT REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE STATE REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE LOCAL REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE COUNTY REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE. IF IT IS TO BE MAILED TO THE DISTRICT REGISTRAR, WRITE "BIRTH" ON THE ENVELOPE.