

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Caro Can  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

6690

Registration District No. 801 Registered No. 12  
 (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 Walter Riley 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 Mar 5, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Walter Riley  
 (9) PRESENT POSTOFFICE OF FATHER Work  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer hand  
 (14) NAME BEFORE MARRIAGE Sara Biggsman  
 (15) PRESENT POSTOFFICE OF MOTHER Work  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farmer hand  
 (20) Number of children born to mother, including present birth 2  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. H. Duncan  
 (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 23 is signed by mark)  
 (27) Filed Mar 25, 1922 (28) J. H. Duncan 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.

Given name added from a supplementary report (Date of) \_\_\_\_\_  
 State Registrar

Address \_\_\_\_\_  
 Filed March 16, 1922 N. F. Keller Local Registrar