Form No. 1

(1) PLACE OF BIRTH

County of Lexington

Township of Black Creek

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
43457

Registration District No. 3100 Registered No. 27
(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 Riley Louise Gantt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth 1 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec. 1, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Gantt

(9) PRESENT POSTOFFICE OF FATHER Stedman R 6

(10) COLOR OR RACE White | (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Hall

(15) PRESENT POSTOFFICE OF MOTHER Lesville S C

(16) COLOR OR RACE White | (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 12 M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. M. Crosson

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Lesville S C

Given name added from a supplemental report

..... 19 .....

..... Registrar.

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

(27) Filed Dec 10 1922 S. C. Gantt 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.

Issued by the State Board of Health of South Carolina, Columbia, S. C.

N. B.—In case of TWINS OR TRIPLETS, Nos. 2, etc., for question 5.

WHITE PRINTING, WHITE ENGRAVING, INC.—PRINTED IN A STATE PRINTING ESTABLISHMENT