

State Board of Health

48568

(2) Full Name of Child

(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 James Golden Rivers { If child is not yet named, make supplemental report as directed

NORTH 11-25 19 1966
(Name of Month) (Day) (Year)

MONITOR

Cora Claxton

Chesand & Co

White (17) AGE AT LAST BIRTHDAY 24
(Years)

AGE South Carolina

Home Keeper

(22) Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white, at 15 NE
on the date above stated. born alive or stillborn (Hour A. M. or P. M.)

Child, who was alive, at 12 M. 12 M.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(29) Address of Physician or Midwife

Given name added from a supplemental report

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

(28)

*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.