

(1) PLACE OF BIRTH

County of *Highlander*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

5068

Township of

or
Inc. Town ofCity of *Columbia SC*Registration District No. *35*Registered No. *158*

(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 *James Rivers*

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

(3) BOY OR GIRL *boy* (4) Twin or Triplet *one* (5) Number in order of birth *one* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 14 23*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Jack Rivers*
(9) PRESENT POSTOFFICE OF FATHER *1707 Rice St*
(10) COLOR OR RACE *bl* (11) AGE AT LAST BIRTHDAY *33*
(12) BIRTHPLACE *Waterbury SC*
(13) OCCUPATION *day labor*
(20) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Porter*
(15) PRESENT POSTOFFICE OF MOTHER *1707 Rice St*
(16) COLOR OR RACE *bl* (17) AGE AT LAST BIRTHDAY *25*
(18) BIRTHPLACE *Corydon SC*
(19) OCCUPATION *cook*
(21) Number of children of this mother now living, including present birth *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive &* at *8* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Maggie Porter*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *1417 Whaley St*

Given name added from a supplemental report

(26) Witness

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

19 ..
Registrar(27) Filed *71.44.26* 19*23* (28) *G. J. Sloan* 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.

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