

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3271

County of *Charleston*Township of *McClureville*Inc. Town of *McClureville*City of *McClureville*Registration District No. *906*Registered No. *15*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *John Rivers*

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

(3) SEX OR
GUILD *Boy*(4) Type
or Triplet
To be answered only in event of Twins or Triplets(5) Number to
order of birth *1*(6) Are
Parents
Married *Yes*(7) DATE OF
BIRTH *Feb 25 23*
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME *Isaac Rivers*(9) PRESENT
POSTOFFICE
OF FATHER *McClureville*(10) COLOR
OR
RACE *Negro*(11) AGE AT LAST
BIRTHDAY *41*
(Years)(12) BIRTHPLACE
Charleston(13) OCCUPATION
Day Laborer(14) Number of children born to
mother, including present birth *7*

MOTHER

(14) NAME BEFORE
MARRIAGE *Edie Mitchell*(15) PRESENT
POSTOFFICE
OF MOTHER *McClureville*(16) COLOR
OR
RACE *Negro*(17) AGE AT LAST
BIRTHDAY *30*
(Years)(18) BIRTHPLACE
Charleston(19) OCCUPATION
Day Laborer(21) Number of children of this mother
now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 AM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Annie Fisher*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*McClureville*Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed *Mar 3 23* (28) *Gr. E. Beckman*
Local RegistrarWhen 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 stillborns
before the fifth month of pregnancy.