

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGARY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lawrence
 Township of Lawrence
 OF
 Inc. Town of.....
 OF
 City of.....

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

File No.—For State Registrar Only
30983

Registration District 2904 Registered No. 116
 (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 Lou Rivers

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 25, 1902
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Arthur Richardson
 (9) PRESENT POSTOFFICE OF FATHER Clinton S. C. R. #1
 (10) COLOR OR RACE W. H. (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary C. Rivers
 (15) PRESENT POSTOFFICE OF MOTHER Lawrence S. C.
 (16) COLOR OR RACE W. H. (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Barbie Davis Lawrence S. C.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawrence S. C.

Given name added from a supplemental report

(26) Witness M. A. Rivers
 (Signature of Witness necessary only when question 23 is signed by clerk)
 (27) Sept 30 1902 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.