

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.

Township of Christ Church Bureau of Vital Statistics
or Parish State Board of Health

Inc. Town of Parish Registration District No. 901 Registered No.
(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.)

File No.—For State Registrar Only
76088

(2) Full Name of Child Norman Rivers } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 21 1916</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Rivers</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Hambleton</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Christ Church Parish</u>	(18) BIRTHPLACE	(19) OCCUPATION <u>Farming</u>	(21) Number of children of this mother now living, including present birth <u>7</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>8</u>	(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 P</u> on the date above stated. <u>midwife</u> (23) (Signature) <u>Emma Brown</u>	(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Mt Pleasant SC</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P on the date above stated.
midwife (23) (Signature) Emma Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Pleasant SC

Given name added from a supplemental report
..... 191...
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by midwife)
(27) Filed Sept 20 1916 (28) J. V. Sumner Jr Local Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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. McCaw, of Columbia.

*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.