

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Christ Church 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.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 21 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frank Rivers
 (9) PRESENT POSTOFFICE OF FATHER Mt Pleasant SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Christ Church Parish
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 18

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Hambleton
 (15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Christ Church Parish
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Midwife

(23) (Signature) Emma Brown
 (24) State whether Physician or 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 mark)

(27) Filed 1916 (28) J. V. Fanning Jr 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.

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.

File No.—For State Registrar Only
 76088