

(1) PLACE OF BIRTH

County of MyrtleTownship of Orangeor
Inc. Town ofor
City of Northbrook

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2105

File No.—For State Registrar Only

31154Registered No. 98
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

1) BOY OR GIRL Boy4) Twin or Triplet? One5) Number in order of birth Four
To be answered only in event of Twins or Triplets8) Are Parents Married? Yes

7) DATE OF

BIRTH Sept. 19, 22
(Name of Month) (Day) (Year)

FATHER.

9) FULL NAME Jessie A. Rives9) PRESENT POSTOFFICE OF FATHER Northbrook(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)12) BIRTHPLACE Tenn13) OCCUPATION Merchant20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Chie Mae Presler(15) PRESENT POSTOFFICE OF MOTHER Northbrook(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Ala(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Rives

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 24 19 22 (28) J. C. Rives
Registrar 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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