

(1) PLACE OF BIRTH

County of Bamberg
 Township of Lowndes
 Inc. Town of

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

File No. — For State Registrar Only

0006

Registration District No. 403

Registered No. 26
 (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 Grace Rivers If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (8) DATE OF BIRTH Apr 1 1922
 (Name of Month) (Day) (Year)

FATHER

(9) FULL NAME Lowndes Rivers
 (10) PRESENT POSTOFFICE OF FATHER Lowndes S.C.
 (11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 26 (Year)
 (13) BIRTHPLACE Lowndes
 (14) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Lowndes S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Colleton Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Martha Pauline

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lowndes S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/8 1922 (28) J. C. Smoot 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.