

MARGIN RESERVED FOR BINDING.

WRITING 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.

FORM NO. 3

(1) PLACE OF BIRTH

County of Sumter

Township of

or Inc. Town of

City of Sumter

(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

File No.—For State Registrar Only
83600

Registration District No. 41A Registered No. 202
(For use of Local Registrar)

(2) Full Name of Child Geo. Williams Rivers

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 11, 1911
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Geo. Williams Rivers
(9) PRESENT POSTOFFICE OF FATHER Sumter S. C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Sumter S. C.
(13) OCCUPATION Public Work
(20) Number of children born to mother, including present birth {

MOTHER.
(14) NAME BEFORE MARRIAGE Martha Imboden
(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Sumter S. C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) albre

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Sumter 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 Oct 11, 1911

(28) W. J. McKagen 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.