

(1) PLACE OF BIRTH

County of Charleston

Township of

City of Charleston S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

3152

Registration District No. 9 ARegistered No. 228(2) Full Name of Child Henry Fowler Rivers Jr.(3) SEX OF CHILD Boy(4) Twin or triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 22 1923(8) FULL NAME OF FATHER Henry Fowler Rivers Jr.(9) PRESENT RESIDENCE OF FATHER 6 C. Court House Square Charleston S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Walterboro S.C.(13) OCCUPATION Civil Engineer(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Josephine L. Broadbent(15) PRESENT RESIDENCE OF MOTHER 6 C. Court House Square Charleston S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Madagascar Islands(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (M. or P. M.)(22) (Signature) J. M. Green

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 2/27/23 (27) J. M. Green M.D. 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.