

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st. John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2991

Registration District No. 702Registered No. 8
(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 David Rivers If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD Male (b) Type or Triple? No (c) Number in order of birth 10 (d) Age 1 yr (e) DATE OF BIRTH Feb 1st 19 23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Lundon Rivers
 (2) PRESENT RESIDENCE OF FATHER Loserville
 (3) COLOR OR RACE W. gro (4) AGE AT LAST BIRTHDAY 45 (Year)
 (5) BIRTHPLACE Berkley Co.
 (6) OCCUPATION Farmer
 (7) Number of children born to mother, including present birth 10

MOTHER.

(1) NAME BEFORE MARRIAGE Rose Rivers
 (2) PRESENT RESIDENCE OF MOTHER Loserville
 (3) COLOR OR RACE W. gro (4) AGE AT LAST BIRTHDAY 43 (Year)
 (5) BIRTHPLACE Berkley Co.
 (6) OCCUPATION House Keeper
 (7) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Feb 1st at 8 p. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) Judy White

(30) State whether Physician or Midwife

(31) Address of the Physician or Midwife Loserville

Given name added from a supplemental report

(32) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(37) Filed 2/10 19 23 (38) J. L. Cannon Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is required if stillborn before the fifth month of pregnancy.