

U. S. - 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 1.

(1) PLACE OF BIRTH

County of Beaufort
Township of St. Helena
Inc. Town of
City of

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

Registration District No. 604

No. - For State Registrar
31859

Registered No. 147
(For use of Local Registrar)

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

(2) Full Name of Child Alonzo Rivers

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age Parents Married Yes (7) DATE OF BIRTH Nov. 11, 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Rivers
(9) PRESENT POSTOFFICE OF FATHER Frogmore, S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Washington
(15) PRESENT POSTOFFICE OF MOTHER Frogmore, S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Taggart Parkers Frogmore, S.C.
(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 22 is signed by mark)

(27) Filed 11/11/03 (28) Registrar

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