

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

45553

(2) Full Name of Child Edward Rivers If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH January 26 1916
(Name of Month (Day) (Year))

FATHER.

(8) FULL NAME Rudolph Rivers(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Sinner(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Small(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Dressmaker(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 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. R. Meyer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness A. R. Meyer

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

(27) Filed 1/26/16 (28) J. M. Little 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.