

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

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

County of Lehman  
 Township of Lehman  
 OR  
 Inc. Town of Lehman  
 OR  
 City of Lehman (No. 1203 St.; 4 Ward)

File No.—For State Registrar Only

18182

Registered No. 4  
 (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 Bill Rivers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 19, 1903</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Ernest Rivers

(9) PRESENT POSTOFFICE OF FATHER Lehman

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lottie Michels

(15) PRESENT POSTOFFICE OF MOTHER Lehman

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(19) OCCUPATION farming

(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 born alive or stillborn at Lehman M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) John L. Lasker  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added from a supplemental report

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 .....

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

(27) Filed June 19, 1903 (28) M. J. Wicks 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.