

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of Lambert .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

3295

Registration District No. 911 .....Registered No. ....  
(For use of Local Registrar)

(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 John Rivers .....

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

(3) SEX OR CHILD boy (4) Twin or Triplet .....

(5) Number in order of birth .....

(6) Are Parents Married married .....(7) DATE OF BIRTH Feb 12 1923 .....

(Name of Month) (Day) (Year)

(8) FULL NAME Jim Rivers .....

FATHER.

(9) PRESENT RESIDENCE OF FATHER Navy Yard, R. 2. .....(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 55 .....(12) BIRTHPLACE St George, S.C. .....(13) OCCUPATION mill work .....(14) Number of children born to mother, including present birth 7 .....(15) NAME BEFORE MARRIAGE Jena Wright .....(16) PRESENT RESIDENCE OF MOTHER Navy Yard, R. 2. .....(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 40 .....(19) BIRTHPLACE Chilley, S.C. .....(20) OCCUPATION House work .....(21) Number of children of this mother now living, including present birth 6 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive .....

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lydia Anderson .....

(24) State whether Physician or Midwife .....

(25) Address of Physician or Midwife .....

(If name added from a supplemental report)

(26) Witness [Signature] .....

(Signature) (When necessary only when question is signed by mark)

(27) Filed March 1923 (28) Mrs. L. N. Hayes .....

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.

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