(1) PLACE OF BIRTH

County of Colleton

Township of Fuller

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 914

Registration District No. 1409 Registered No. 15

(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Mary Jane Rivers

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl			Yes	January 11, 1922

FATHER.

(8) FULL NAME Enridge Rivers

(9) PRESENT POSTOFFICE OF FATHER Walterboro S.C. R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Colleton Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rainey Rivers

(15) PRESENT POSTOFFICE OF MOTHER Walterboro S.C. R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Colleton Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Bowie

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walterboro R.F.D.

Given name added from a supplemental report .....

..... 19 ..... Registrar

(26) Witness .....

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

(27) Filed Feb 10 1922 (28) Dec 10 1922

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Number of Columns, 28.

THIS BLANK, No. 1, THE OTHER, No. 2, etc., in question 3. THIS BLANK FOR EACH CHILD, and must be filled out in full, and signed by the person making the return. Use black ink and write plainly. Do not abbreviate. Make no erasures. Do not fold. Do not write outside the lines.