

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

(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

Registration District No. 9 A

File No.—For State Registrar Only

10294

Registered No. 584

(For use of Local Registrar)

(2) Full Name of Child Baby Rivers

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

(5) BOY OR GIRL Girl

(4) Twin or Triplet? No

(3) Number in order of birth 432

(6) Are Parents Married? Yes

(7) DATE OF BIRTH April 16 20
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME John Rivers

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 38
(Years)

(12) BIRTHPLACE Beaufort, S.C.

(13) OCCUPATION laborer

(16) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Stonnes Dawson

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION domestic

(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 at 9:20 A.M. on the date above stated.
(Born alive or stillborn) (Year A.M. or P.M.)

(23) (Signature) J. J. Cain, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W.D. Roper Hospital

Given name added from a supplemental report

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Registrar

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

(27) Filed 4/21 1920 M. Green, M.D. 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.