

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Proffers  
 or Town of Burson  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only  
**40933**

Registration District No. M.R.V. Registered No. 126  
 (For use of Local Registrar)

City of \_\_\_\_\_ (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

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

(a) BOY OR GIRL Boy (b) Twin or Triplet X (c) Number in order of birth 2 (d) Are Parents Married Yes (e) DATE OF BIRTH Dec 10 23  
 To be answered only in event of birth or Triplet (Name of Month) (Day) (Year)

## FATHER.

(a) FULL NAME John Colton Rivers

(b) PRESENT POSTOFFICE OF FATHER Burson

(c) COLOR OR RACE white (d) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(e) BIRTHPLACE Hampton Co

(f) OCCUPATION farmer

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

## MOTHER.

(a) NAME BEFORE MARRIAGE John Rivers

(b) PRESENT POSTOFFICE OF MOTHER Burson

(c) COLOR OR RACE white (d) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(e) BIRTHPLACE Burson

(f) OCCUPATION Housewife

(g) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) John Rivers

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mother)

(25) Filed Dec 31 1924 (26) J. W. Rogers 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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