

Form No. 1

(1) PLACE OF BIRTH

County of CockeTownship of Smithor
Inc. Town ofor
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

29119

Registration District No. 800 Registered No. 127
(For use of Local Registrar)(2) Full Name of Child Edmond Rivers

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —
To be answered only in event of Twin or Triplets(5) Number in order of birth —(6) Are Parents Married? yes

(7) DATE OF

BIRTH Apr 8 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Rivers(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Wyn(11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mother Spigars(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Wyn(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer Work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca X Fisher(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Raba

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

(27) Filed Apr 14 1922(28) A. R. Raba 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.