

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg
 Inc. Town of _____
 City of _____

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

File No.—For State Registrar Only

3115

Registration District No. 400 Registered No. 19
 (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 William Rivers If child is not yet named, make supplemental report as directed.

BOY OR GIRL Boy (3) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH: 7 25 22
 (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME _____
 (9) PRESENT POSTOFFICE OF FATHER _____
 (10) COLOR OR RACE _____ (11) AGE AT LAST BIRTHDAY: _____ (Years)
 (12) BIRTHPLACE _____
 (13) OCCUPATION _____

MOTHER:

(14) NAME BEFORE MARRIAGE Manda Rivers
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY: 19 (Years)
 (18) BIRTHPLACE L
 (19) OCCUPATION farm hand
 (20) 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 12 P. M.
 on the date above stated: (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Messan Rivers
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg SC

Give name added from a supplemental report:

(26) Witness (Signature of Witness necessary only when question is signed by mark) John Corner
 (27) Filed yes (28) Local Registrar

If 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.