

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

File No.—For State Registrar Only
51706

(1) PLACE OF BIRTH
 County of Charleston
 Township of Court House
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1203 Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child William Rivers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 31
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Albert P. Rivers

(9) PRESENT POSTOFFICE OF FATHER McFarlane

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Barrie Brock

(15) PRESENT POSTOFFICE OF MOTHER McFarlane

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Martha M. Rivers

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife McFarlane

Given name added from a supplemental report

(25) Witness B. F. Brock

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

(26) Filed June 1 1916 (27) J. E. Murphy
 Registrar 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.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 Sav. of Columbia