

PLACE OF BIRTH

County of Richland

Township of

or
Town ofor
City of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 a Registered No.
(For use of Local Registrar)(No. 2322 Lincoln St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD Joseph Maxwell Rivers, Jr. (If child is not yet named, make supplemental report as directed.)

BOY OR GIRL <u>Boy</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>September 27, 1933</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER

FULL NAME Joseph Maxwell RiversPRESENT POSTOFFICE OF FATHER Columbia, S. C.COLOR OR RACE White11. AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE

Gainesville, Fla.

OCCUPATION

MechanicNumber of children born to mother, including present birth { 1 }

MOTHER

14. NAME BEFORE MARRIAGE Hazel Thrift15. PRESENT POSTOFFICE OF MOTHER Columbia, S. C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 21
(Years)

18. BIRTHPLACE

Augusta, Ga.

19. OCCUPATION

Housewife21. Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Hazel Thrift Rivers (Mother)
24. State whether Physician or Midwife
25. Address of Physician or Midwife

The physician is dead.

Name added from a supplemental report

26. Witness

(Supporting affidavits on file)

27. Filed

Aug. 18, 1933Martin B. Woodward, M.D.
Registrar. (c)

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.