

(1) PLACE OF BIRTH

County of Calhoun
 Township of Dixons
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3074

Registration District No. 20.21Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Drina Belle Rivers

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

(3) SEX <u>Inf</u>	(4) Type or Triplet To be reported only in case of Twin or Triplet	(5) Number of order of birth <u>20</u>	(6) DATE OF BIRTH <u>Feb. 1, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert Rivers
 (9) PRESENT POSTOFFICE OF FATHER Edmore, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE Calhoun Co.
 (13) OCCUPATION Farm Help
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Hamlin
 (15) PRESENT POSTOFFICE OF MOTHER Cameron S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Farm Help
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M. on the date above stated.
 (Born alive or stillborn) (Hour, P. M. or P. M.)

(22) (Signature) M. S. Cameron

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

mailed | Cameron S.C.

Given name added from a supplemental report

(25) Witness W. S. Keller
(Signature of Witness necessary only when question 23 is signed by mark)(26) Signed Feb. 5, 1923 (27) W. S. Keller
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.

MAKING REMARKS FOR BIRTHS
 WHEN PLACED IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER.
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