

MARGIN RESERVED FOR BINDING.  
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.

(1) PLACE OF BIRTH  
County of Bamberg  
Township of Bamberg  
or  
Inc. Town of  
or  
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  
88378

Registration District No. 400 Registered No. 191  
(For use of Local Registrar)

(2) Full Name of Child Otis 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 Dec. 13, 1916  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Otis Rivers  
(9) PRESENT POSTOFFICE OF FATHER Bamberg  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE Bamberg Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

MOTHER  
(14) NAME BEFORE MARRIAGE Luzenia Hunter  
(15) PRESENT POSTOFFICE OF MOTHER Bamberg  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE SC  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Ilova Hardy  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife M. G. Corner  
Given name added from a supplemental report  
(26) Witness M. G. Corner  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 12/20/16 (28) John Corner Local Registrar  
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.

RECEIVED OF COLUMBIA, S. C.