

(1) PLACE OF BIRTH

County of Spartanburg
 Township of N. Groves
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
22686

Registration District No. 4010 Registered No. 42
 (For use of Local Registrar)

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

(2) Full Name of Child Robert Bivins If child is not yet named, make supplemental report as directed

(1) SEX OR ONLY Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July - 7 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Grover Bivins</u>	(10) NAME BEFORE MARRIAGE <u>Viola Hadden</u>	(11) PRESENT POSTOFFICE OF FATHER <u>Rachuck SC</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Rachuck SC</u>
(9) COLOR OR RACE <u>B</u> (13) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(14) COLOR OR RACE <u>B</u> (15) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(16) BIRTHPLACE <u>SC</u>	(17) BIRTHPLACE <u>SC</u>
(18) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House & farm work</u>	(20) Number of children born to father, including present birth <u>18</u>	(21) Number of children of this mother now living, including present birth <u>17</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Madam Price
 (24) State whether Physician or Midwife Midwife (25) Name of Physician or Midwife Rachuck SC.

Given name added from a supplemental report
 (26) Witness J. M. Harrison
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 19 1923 (28) J. H. Hatchett 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.

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