

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

FILE NO. - (For use of Local Registrar)

710

Sex of ..... Registration District No. 1803 ..... Registrar No. 8 .....  
(For use of Local Registrar)

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

(2) Full Name of Child Miss Mary F. Rivers ..... If child is not yet named, make supplemental report as directed(3) SEX Female (4) Type of Birth Normal (5) Order of Birth 1st (6) Age of Mother 24 (7) DATE OF BIRTH Jan. 20 1923

FATHER: MOTHER:

(8) FULL NAME Mrs. Mary F. Rivers (9) NAME OF MOTHER Mrs. E. E. Smith(10) PRESENT ADDRESS Cherokee Co. S.C. (11) PRESENT ADDRESS OF MOTHER Cherokee Co. S.C.(12) COLOR White (13) AGE AT LAST BIRTHDAY 19 (14) COLOR OF HAIR White (15) AGE AT LAST BIRTHDAY 19(16) PLACE OF BIRTH Cherokee Co. S.C. (17) PLACE OF BIRTH OF MOTHER Cherokee Co. S.C.(18) OCCUPATION Farming (19) OCCUPATION OF MOTHER Housekeeping(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Hour A. M. or P. M.) 2:40 A.M.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician Address of Physician or Midwife Cherokee Co. S.C.

Given name added from a supplemental report

191.....

Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed Jan. 23 1923 (27) M.S. Watson

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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