

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		4932	
Township of <u>Central</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>3200</u>		Registered No. <u>15</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Jan Burdell Rivers</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 17, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Rivers</u>			(9) NAME BEFORE MARRIAGE <u>Essie Burtis Lee Bates</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u>		
(11) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(12) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>27</u> (Year)		
(13) BIRTHPLACE <u>La -</u>			(13) BIRTHPLACE <u>S.C.</u>		
(14) OCCUPATION <u>Textile worker</u>			(14) OCCUPATION <u>House Keeper</u>		
(15) Number of children born to mother, including present birth <u>7</u>			(15) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(16) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4:58</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(17) (Signature) <u>J. H. Bearden</u>			(18) Address of Physician or Midwife <u>Central S.C.</u>		
(19) State whether Physician or Midwife			(20) Address of Physician or Midwife		
Given name added from a supplemental report			(21) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(22) Filed <u>Feb. 15, 1923</u> (23) <u>J. H. Bearden</u> 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.