

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-For this Register only

31470

County of Albermarle

Township of Middleton

Inc. Town of.....

City of.....

Registration District No. 4

Registered No. 34

(For use of Local Registrar)

(No. St.; Word)

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

(2) Full Name of Child Booker T. Rivers

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

(3) SEX OF CHILD Boy (4) Type or Figure 1 (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH Nov 2 1903

FATHER.

(8) FULL NAME Joseph Rivers

(9) PRESENT RESIDENCE OF FATHER Middleton

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28

(12) BIRTHPLACE Albermarle

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Fran Rivers

(16) PRESENT RESIDENCE OF MOTHER Middleton

(17) COLOR White (18) AGE AT LAST BIRTHDAY 28

(19) BIRTHPLACE Albermarle

(20) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 1

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Middleton

Given name added from a supplemental report

W. H. H. H.

W. H. H. H.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 16 903 (28) 11 903 (29) 11 903

(30) Local Registrar W. H. H. H.

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.