

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Liberty
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3902

Registration District No. 1504 Registered No. 11
 (For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

1. Sex Female 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan 9 1922
 (Month) (Day) (Year)

FATHER		MOTHER	
8. FULL NAME <u>William River</u>	14. NAME BEFORE MARRIAGE <u>Larry White</u>	15. PRESENT POSTOFFICE OF FATHER <u>Lumberton</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Lumberton</u>
10. COLOR OR RACE <u>Col</u>	16. COLOR OR RACE <u>Col</u>	11. AGE AT LAST BIRTHDAY <u>25</u> (Year)	17. AGE AT LAST BIRTHDAY <u>19</u> (Year)
12. BIRTHPLACE <u>S.C.</u>	18. BIRTHPLACE <u>S.C.</u>	13. OCCUPATION <u>Labourer</u>	19. OCCUPATION <u>Domestic</u>
20. Number of children born to mother, including present birth <u>5</u>	21. Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. L. Miller (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lumberton

Given name added from a supplemental report

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

(27) Filed 3/10 1922 (28) P. R. Chubb 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.