Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48699

(1) PLACE OF BIRTH
County of Bamberg
Township of 3 mile
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 404 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Ora Rivers

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

(3) BOY OR GIRL Girl
(4) ~~Twin or Triplet?~~ To be answered only in event of Twins or Triplets
(5) Number in order of birth 6
(6) Are Parents Married? yes
(7) DATE OF BIRTH Feb. 22 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Rivers
(9) PRESENT POSTOFFICE OF FATHER Ehrhardt S.C.
(10) COLOR OR RACE Black
(11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Bamberg Co. SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Johnson
(15) PRESENT POSTOFFICE OF MOTHER Ehrhardt SC
(16) COLOR OR RACE Black
(17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Colleton Co. S.C.
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 30 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha Johnson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Ehrhardt SC

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed Mar 1 1916 (28) G J Herndon 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.

McCAW, FLANNY, WITT & STARNES INC.—PRINTERS & STATIONERS—COLUMBIA, S. C.
No. 2—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 5.