

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of.....

City of.....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2802File No. - For State Registrar Only  
**29988**Registered No. 262  
(For use of Local Registrar)(2) Full Name of Child Seahill Taliver

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

(3) BOY OR GIRL? <u>1</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 2, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Barney Taliver(9) PRESENT POSTOFFICE OF FATHER Hamlet, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Richland(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Leiza Richardson(16) PRESENT POSTOFFICE OF MOTHER Hamlet, S.C.(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 40 (Years)(19) BIRTHPLACE Richland(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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Richard B. Borden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/10, 23 (28) Mrs. J. N. Jordan 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.