

Form No. 3

## (1) PLACE OF BIRTH

County of DorchesterTownship of Hager

OR

Inc. Town of .....

OR

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1705

File No. — For State Registrar Only

42100Registered No. 83  
(For use of Local Registrar)

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

(2) Full Name of Child Pearl Rivers

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

(3) <del>BOY OR GIRL?</del> <u>girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 28th 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME John Rivers(14) NAME BEFORE MARRIAGE Julie Perry(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Helper on Farm(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Brothman(24) State Whether Physician or Midwife Midwife (25) Address of Physician or Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1st 23 (28) E. C. Eberhart  
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.

N. B.—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.