

## 1. PLACE OF BIRTH

Township of Charleston

County of \_\_\_\_\_

or \_\_\_\_\_

City of Charleston

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

FULL NAME OF CHILD Kevin Rivers

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9a

FILE No.—For State Registrar Only

29250ARegistered No. 2015a

(For use of Local Registrar)

(No. 11 Radcliffe St. \_\_\_\_\_)

Ward \_\_\_\_\_

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

Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet, or other _____	5. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth _____, 19 <u>42</u>
5. Number, in order of birth _____		Full term _____		(Month, day, year)	

FATHER Full name <u>Jessie Rivers</u>		MOTHER Full maiden name <u>Lizzie Jenkins</u>	
18. Residence (usual place of abode) (If nonresident, give place and State) <u>City</u>		19. Residence (usual place of abode) (If nonresident, give place and State) <u>City</u>	
Color or race <u>Col</u>	12. Age at last birthday _____ (Years)	20. Color or race <u>Col</u>	21. Age at last birthday _____ (Years)
Birthplace (city or place) (State or country) <u>S.C.</u>		22. Birthplace (city or place) (State or country) <u>Charleston S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Laundress</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from \_\_\_\_\_

supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

or Maria Moultrie, Midwife

Address \_\_\_\_\_

Filed 9/23, 1931 Anna G. Piquell

Registrar. \_\_\_\_\_

STATE OF SOUTH CAROLINA )

COUNTY OF CHARLESTON )

PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public for South Carolina, Rosalie DeVaux, who being duly sworn says and deposes that she has the care of Leginia Rivers whose father and mother are dead, that all of the child's relatives have moved away from the State; that Levinia Rivers was born in the City of Charleston and attended Maria Moultrie, this information she knows from neighbors who lived there at the time of birth: that the information she has given on the attached record of birth is true to the best of her knowledge and she was not able to get the record from Maria Moultrie as the said Maria is not mentally capable of making the record.

Rosalie DeVaux

to before me this  
day of September, A.D. 1930

Emma G. Pregnall  
Notary Public, S.C.