

(1) PLACE OF BIRTH

County of FairfieldTownship of H. 1. 2.

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 HealthFile No. 401432Registration District No. 1909 Registered No. 39
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Clifton Winston Raice child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 15 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Doherty Raice(9) PRESENT POSTOFFICE OF FATHER Bohannon Co.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Lexington Co.(13) OCCUPATION Lumberman(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Taylor(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Lexington Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M.,
on the date above stated. (Born alive or stillborn. (Hour, M. or P-M.))(22) (Signature) Anna C. E. Taylor

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Bohannon Co.

Given name added from a supplemental report

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

(26) Filed Dec. 17 1923 (27) E. H. Freedy 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.

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