

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Pacolet  
 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.)

(2) Full Name of Child Virginia Louise Rice

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

3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 1-16-22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Rice  
 (9) PRESENT POSTOFFICE OF FATHER Pacolet S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Tenant  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Fernandez  
 (15) PRESENT POSTOFFICE OF MOTHER Pacolet S.C.  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 17  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (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... at 11 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. Nicks atuck

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Pacolet 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 2-1

19 22

(28) M. W. Brown

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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MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, D. C.

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

2528

Registration District No. 4006 Registered No. 9  
 (For use of Local Registrar)