

(1) PLACE OF BIRTH

County of *Joseph*Township of *Indigo*

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. *2601*Registered No. *651*
(For use of Local Registrar)(2) Full Name of Child *Latice Rizer*

If child is not yet christened, make supplemental report at birth

(3) SEX <i>Female</i>	(4) Type or Type To be recorded in case of stillborn	(5) Number in order of birth <i>7</i>	(6) Date of Birth <i>Oct 2, 1923</i>
FATHER <i>Latice Rizer</i>		MOTHER <i>Haggie Green</i>	
(8) FULL NAME <i>Latice Rizer</i>		(9) FULL NAME <i>Haggie Green</i>	
(10) PRESENT RESIDENCE OF FATHER <i>Princeton SC</i>		(11) PRESENT RESIDENCE OF MOTHER <i>Princeton SC</i>	
(12) COLOR or Race <i>7 years</i>	(13) AGE AT LAST BIRTHDAY <i>42</i>	(14) COLOR or Race <i>7 years</i>	(15) AGE AT LAST BIRTHDAY <i>36</i>
(16) OCCUPATION <i>Farmer</i>		(17) OCCUPATION <i>House work</i>	
(18) Number of children born to mother, including present birth <i>7</i>		(19) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was... *Latice Rizer*... *28*... *28*...
on the date above stated. (Born alive or stillborn) (Sex A. M. or P. M.)(21) (Signature) *Latice Rizer*

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife
*Indigo, Princeton SC*Given name added from a supplement-
tal report

(24) Witness

(Signature of Witness necessary only
when question 24 is signed by mark)(25) Filed *10/30/23*(26) *W. C. Lett*

(27) 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 stillborns
before the fifth month of pregnancy.