

(1) PLACE OF BIRTH

County of Union
 or
 Township of Baynes Vale
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13114

Registration District No. 4201Registered No. 5
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Marroe Rice

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 2, 1922

(Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Rice(9) PRESENT POSTOFFICE OF FATHER Buffalo 41(10) COLOR OR RACE Cul(12) BIRTHPLACE GA(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Rice(15) PRESENT POSTOFFICE OF MOTHER Buffalo 41(16) COLOR OR RACE Cul(18) BIRTHPLACE GA(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Rice(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Yonkersville

Given name added from a supplemental report

(26) Witness

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

(27) Date April 22

(28)

(29) J. W. L. Rancette 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.