

(1) PLACE OF BIRTH

County of Union
 Township of Boysville
 or
 Inc. Town of Buffalo
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

22803

Registration District No. 4213 Registered No. 81
 (For use of Local Registrar)(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 Ethel Rice If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet To be answered only in event of Twin or Triplet 5) Are Parents Married? No 6) DATE OF BIRTH July 3, 1923
 (Name of Month) (Day) (Year)

FATHER.

7) FULL NAME "J"
 8) PRESENT POSTOFFICE OF FATHER
 9) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Year)
 12) BIRTHPLACE
 13) OCCUPATION

MOTHER.

14) NAME BEFORE MARRIAGE May Frances Rice
 15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
 16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Year)
 18) BIRTHPLACE Union County
 19) OCCUPATION Domestic

20 Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Buffalo 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 July 10, 1923 (28) Joe F. Anderson 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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