

(1) PLACE OF BIRTH

County of Anderson
 Township of Brookline
 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

24699

Registration District No. 301Registered No. 474
(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 William Mackey Rice { If child is not yet named, make supplemental report as directed

(3) SEX OR GALT ♂ (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 19 1921
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Rice
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Simpson
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Anderson S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:45 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson 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 Aug 30 1921

(28)

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.