

RECORD OF BIRTHS, DEATHS, AND MARRIAGES  
 THIS FORM IS TO BE FILLED BY A PERSON AT THE TIME OF THE BIRTH OF A CHILD, OR AT THE TIME OF THE DEATH OF A PERSON, OR AT THE TIME OF A MARRIAGE.  
 IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.

(1) PLACE OF BIRTH

County of Anderson  
 Township of Irish  
 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 Oliver May Rice (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 19 1917  
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Orval Rice  
 (9) PRESENT POSTOFFICE OF FATHER Tamills St.  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 18 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rice James Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Tamills St.  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 17 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Darning

(20) Number of children born to mother, including present birth 1  
 (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 White at S.F. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Kelly Brown  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Tamills St.

Given name added from a supplemental report \_\_\_\_\_

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

(27) Filed Jan 17 1917 (28) S. J. Halliday 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.