

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Williamston

(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

FILE - 123456789
30887

Registration District No. 3-C Registered No. 95
 (For use of Local Registrar)

(2) Full Name of Child Margaret D. Rice (No. St. Ward)
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) TIME OF BIRTH 10:30 (5) DATE OF BIRTH Sept 10 1923
 (Month of Month) (Day) (Year)

FATHER.
 (6) FULL NAME A. B. Rice
 (7) PRESENT RESIDENCE OF FATHER Williamston SC
 (8) COLOR White (9) AGE AT LAST BIRTHDAY 25 (Year)
 (10) BIRTHPLACE Minneapolis MN
 (11) OCCUPATION Cashier of Bank
 (12) Number of children born to mother, including present child 1

MOTHER.
 (13) NAME BEFORE MARRIAGE Adelle Strickland
 (14) PRESENT RESIDENCE OF MOTHER Williamston SC
 (15) COLOR White (16) AGE AT LAST BIRTHDAY 22 (Year)
 (17) BIRTHPLACE Anderson SC
 (18) OCCUPATION Domestic
 (19) Number of children of this mother now living, including present child 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born Sept 10 1923 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Frank L. Lundy (22) Address of Physician or Midwife Williamston SC
 (23) State whether Physician or Midwife

Given name added from a supplemental report

Janis Hainey
Jan 17 1924

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

(25) Signed 11-10-1923 (26) Lillian Russell 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.

*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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK ON FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 1.

Return to Bureau, Columbia, S. C.