

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

75045

(1) PLACE OF BIRTH

County of Union  
Township of Pinebluff  
or  
Inc. Town of ..... Registration District No. 4205 Registered No. 66  
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 Coleman Asa Fell Rice } If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GIRL?</del>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Luther Rice

(9) PRESENT POSTOFFICE OF FATHER Cross Keys

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rela Geter

(15) PRESENT POSTOFFICE OF MOTHER Int Talor

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE Carlisle S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth } .../10.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:20 AM. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Smith  
(24) State whether Physician or Midwife } (25) Address of Physician or Midwife

Midwife | Int Talor

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

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(27) Filed Sept 6, 1916. (28) D. S. Kellum  
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5. McCaw, of Columbia.