

Form No. 1

## (1) PLACE OF BIRTH

County of Hammer  
 Township of Blackville  
 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  
**10023**

Registration District No. 524 Registered No. 42  
 (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 Alfonso Rice (If child is not yet named, make supplemental report as directed)

3. SOY OR GIRL Boy 4. Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 20, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Alfonso Rice  
 9. PRESENT POSTOFFICE OF FATHER Blackville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36  
 (Years)  
 12. BIRTHPLACE S. C.  
 13. OCCUPATION Farmer  
 14. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Lettie Jones  
 15. PRESENT POSTOFFICE OF MOTHER Blackville  
 16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35  
 (Years)  
 18. BIRTHPLACE S. C.  
 19. OCCUPATION \_\_\_\_\_  
 20. Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alfonso at 11 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liddie Abner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

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

(27) Filed May 12, 1922 (28) O. D. Hammond  
 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.