

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Greenville*

STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only

Township of *Oak Lawn*

Bureau of Vital Statistics

16414

State Board of Health

Inc. Town of  
OR  
City of

Registration District No. *2012* Registered No. *8*  
(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 *Wesley M. Rice* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *sure* (4) Twin or Triplet? *no* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 18 1915*  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Woody Rice*

(14) NAME BEFORE MARRIAGE *Wesley M. Rice*

(9) PRESENT POSTOFFICE OF FATHER *Wesley*

(15) PRESENT POSTOFFICE OF MOTHER *Peggy Hill*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *20* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE *Greenville county*

(18) BIRTHPLACE *Greenville county*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *5*

(21) 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 *Wesley* at *2* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. H. Rice*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wesley*

Given name added from a supplemental report

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

Registrar

(27) Filed *Jan 1915* (28) *W. H. Rice* 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.

Registrar I

Local Registrar.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

M. B. McCaw, of Columbia

McCaw