(1) PLACE OF BIRTH

County of Darlington

Township of .....
or
Inc. Town of Cadesville
or
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 2002

File No.—For State Registrar Only
18577

Registered No. 87
(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 Eric Bell Brice

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: January 31, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Willie Brice

(9) PRESENT POSTOFFICE OF FATHER: Cadesville SC.

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: S C

(13) OCCUPATION: Laborer Farm

(14) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Mary Jenkins

(15) PRESENT POSTOFFICE OF MOTHER: Cadesville SC

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: S C

(19) OCCUPATION: Cooking Laundress

(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miller [illegible] M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Cadesville SC

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness H.P. Pittman
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 6 1922

(28) H.P. Pittman
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.

Form of Certificate, Columns 1 to 6

BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.

BIRTH REGISTRATION BLANK

WHITE OR NEGRO

STATE OF SOUTH CAROLINA

BIRTH REGISTRATION BLANK

In case of twins or triplets use one blank for each child. Number in order of birth. Be sure to answer all questions. Use ink and write plainly. Do not abbreviate. Use the word "same" where it applies. Do not leave any item blank. If unknown, state so.