

MARGIN RESERVED FOR BINDING.

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 THE  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.  
 REGISTRAR OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Wadsworth  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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 No.—For State Registrar Only  
87605

Registration District No. 4403 Registered No. 87  
 (For use of Local Registrar)

(2) Full Name of Child Nelson M. Brice (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH Nov 17 1906  
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Mericus M. Brice (9) PRESENT POSTOFFICE OF FATHER Wadsworth (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 49 (12) BIRTHPLACE SC (13) OCCUPATION Farmer  
 MOTHER. (14) NAME BEFORE MARRIAGE Matilda Dwyer (15) PRESENT POSTOFFICE OF MOTHER Wadsworth SC (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31 (18) BIRTHPLACE SC (19) OCCUPATION Domestic  
 (20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Clara J. Githen (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Wadsworth

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. R. Brice

(27) Filed Nov 18 1906 (28) M. R. Brice 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.