

Sup.



S.C. CERTIFICATE OF BIRTH
DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

File # 101567
10755

1. PLACE OF BIRTH

Country ColletonMilitia District (Number and Name) S.C.

Registered No. _____

City or Town Wiggins

Ward _____

NON-RESIDENT (Yes or No) _____

Street and Number (No.) _____

(Street) _____

(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD

If not yet named, write age & blank

Elizabeth Carole Rice

3. SEX

Female

6. LEGITIMATE?

(Are parents married?)

yes

7. BORN

(At home or abroad)

Ohio

on

April 13 1922

19

at

40

(Hours)

1 and 5. If plural birth indicate with check (✓) whether twin, triplet or quadruplet, also give order of birth.

TWIN No. (1 or 2) _____

TRIPLT No. (1, 2 or 3) _____

QUADRUPLET No. (1, 2, 3 or 4) _____

4. FATHER

FATHER

NAME

Edward Carole Rice

RESIDENCE

(P. O. Address)

Wiggins S.C.

14. COLOR of

RACE

white11. AGE at last birthday 22 (years)

12. BIRTHPLACE

(P. O. Address)

Allen Dale S.C.

14. FULL

MAIDEN

NAME

MOTHER

NAME

Letty Thomas Rice

15. RESIDENCE

(P. O. Address)

Wiggins S.C.

16. COLOR of

RACE

white17. AGE at last birthday 21 (years)

18. BIRTHPLACE

(P. O. Address)

Va.

OCCUPATION

19a. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Labour

19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

Saw mill

20. Number of children born alive to this mother, not counting this birth.

None

21. Number of children of this mother living, not counting this birth.

None

21a. Number of stillbirths of this mother, not counting this birth.

None(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE

(Signed) _____

Midwife

(Address) _____

Date _____

19

(Signed) L. J. Waters

PHYSICIAN

(Address) Wiggins S.C.

M.D.

Date April 13

19

(Given name of child added from a supplemental report)

FILED: Date Sept. 18, 1922(Signed) Martin B. Hammond MD
Asst State Registrar

19

Date _____

19

(Signed) _____

(Registrar)