

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephensor
Inc. Town ofor
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

41094

Registration District No. 705 Registered No. 137
(For use of Local Registrar)(2) Full Name of Child Susana Vice

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

(3) BOY OR GIRL? G

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Vice

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Raisy Middleton

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

St. Stephens

(19) OCCUPATION

Farm-wife

(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 alive at 99 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bina Middleton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 23 1922(28) W. A. Floyd

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.

MAINTAINED FOR BINDING.
WHICH PLAINLY SHOWS ADMINISTRATION IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.