

(1) PLACE OF BIRTH

County of Fairfield....Township of #2.....

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

24317

Registration District No. 190Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child Char. Bell Brice Jr.

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

(3) BOY OR GIRL? Bo(4) Twin or Triplet? —(5) Number in order of birth —(6) Are Parents Married? Yes(7) DATE BIRTH Aug 9

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Char. Bell Brice(9) PRESENT POSTOFFICE OF FATHER Axon, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Elizabeth William(16) PRESENT POSTOFFICE OF MOTHER Axon, S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 30

(Years)

(19) BIRTHPLACE York Co.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. W. W.(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

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(26) Witness

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

(27) Filed Aug 11, 1923 (28) H. H. W. W.

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.

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