

(1) PLACE OF BIRTH

County of Spencer
 Township of Parrott
 or
 Inc. Town of _____
 or
 City of Trough (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

Sharon Rice

File No. - For State Registrar Only
2521

Registration District No. 4.00.6

Registered No. 18
 (For use of Local Registrar)

(3) BOY OR GIRL
Girl

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

(5) Number in order of birth 3

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH

1 20 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Sharon Rice

(9) PRESENT POSTOFFICE OF FATHER
Trough 86

(10) COLOR OR RACE
Black

(11) AGE AT LAST BIRTHDAY 23
 (Years)

(12) BIRTHPLACE
SC

(13) OCCUPATION
Day Labor

(20) Number of children born to mother, including present birth
3

MOTHER.

(14) NAME BEFORE MARRIAGE
Imaie Smith

(15) PRESENT POSTOFFICE OF MOTHER
Trough 86

(16) COLOR OR RACE
Black

(17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE
SC

(19) OCCUPATION
Housewife

(21) Number of children of this mother now living, including present birth
3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
Sharon Rice

(24) State whether Physician or Midwife
Father

(25) Address of Physician or Midwife
Trough 86

Given name added from a supplemental report

(26) Witness
C. F. Coleman

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

(27) Filed 1-27-22

(28)

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.