

(1) PLACE OF BIRTH

County of Union
 Township of Sumner Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 4202

No. for State Registrar Only
37885

Registered No. 11
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Elizabeth Rice If child is not yet named, make supplemental report as directed

(3) SEX G (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married Yes (7) DATE OF BIRTH Nov 21 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ben Rice
 (9) PRESENT POSTOFFICE OF FATHER Whitmore R. R 2
 (10) COLOR OR RACE Coc. (11) AGE AT LAST BIRTHDAY 34
 (Year) (12) BIRTHPLACE Newberry Co., S. C.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Irene Lane
 (15) PRESENT POSTOFFICE OF MOTHER Whitmore R. R 2
 (16) COLOR OR RACE Coc. (17) AGE AT LAST BIRTHDAY 38
 (Year) (18) BIRTHPLACE Chester, S. C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was Ben. Rice at 10 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Charlie Rice (23) Address of Physician or Midwife Whitmore R. R 2
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness Wm. R. R. Barty (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Dec 1 1923 (27) Local Registrar Robt. T. Barty

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.