

(1) PLACE OF BIRTH

County of

Township of

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

75005

Registration District No. 4202

Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child

Grover Rice

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Aug. 2, 1916

FATHER.

MOTHER.

(8) FULL NAME

Pus Rice

(14) NAME BEFORE MARRIAGE

Bandy Young

(9) PRESENT POSTOFFICE OF FATHER

Sedalia S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Sedalia

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

31

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

28

(12) BIRTHPLACE

Union Co

(18) BIRTHPLACE

Union Co

(13) OCCUPATION

Farming

(19) OCCUPATION

Field work

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

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

(27) Filed Aug 3, 1916 (28) J. C. Probley 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.