

(1) PLACE OF BIRTH

County of LaurensTownship of Cuzzletonor
Inc. Town of

City of

(No. of institution, give name of same instead of street and number.)

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

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 22 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Reed Rice(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Laurens Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2

MOTHER

(14) NAME BEFORE MARRIAGE Minnie Young(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Laurens Co(19) OCCUPATION House wife(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 born alive 4 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Ada Byrd(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 22 1916

(28)

FK Dorman
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.