

FORM NO. 2.

(1) PLACE OF BIRTH

County of UnionTownship of Hersey, S.C.or  
Inc. Town of Irle  
orCity of ..... (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. Helaudy B. Rice } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 12, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Rice

(9) PRESENT POSTOFFICE OF FATHER Sedalia S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Union S.C.

(13) OCCUPATION farmer

(14) NAME BEFORE MARRIAGE Agnes Browning

(15) PRESENT POSTOFFICE OF MOTHER Sedalia S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION house keeper

(20) Number of children born to mother, including present birth { 4 } (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 born alive at 3 A. M. (For: alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Marish Rice (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Union R.F. no 2

Given name added from a supplemental report

(26) Witness Delair Mosley  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) Dr. E. F. Mosley 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.

R. D.—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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50643

Registration District No. 4200 Registered No. 2  
(For use of Local Registrar)(No. .... St.; .... Ward)  
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