

(1) PLACE OF BIRTH

County of UnionTownship of Saulsach

or

Inc. Town of

or

City of

(No. St.; Ward)

(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

92127

Registration District No. 4206 Registered No. 27

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>Thunie John</u>	(14) NAME BEFORE MARRIAGE <u>Grace Gist</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Saulsach S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Saulsach S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Railroad section hand</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(26) Witness Grace John
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 28, 1916 (28) L. B. Jelen 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 reports desired of stillbirths before the fifth month of pregnancy.