

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of 11

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

File No.—For State Registrar Only  
**87536**

Inc. Town of \_\_\_\_\_ or \_\_\_\_\_  
City of \_\_\_\_\_ (No. Cleveland (Drayton) 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  Evelyn B. Brice  { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4008 (6) Are Parents Married? Yes (7) DATE OF BIRTH 15 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME A. J. Brice  
(9) PRESENT POSTOFFICE OF FATHER Drayton  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 73 (Years)  
(12) BIRTHPLACE L.C.  
(13) OCCUPATION Legitimate  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lola Carr  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE L.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 9 U. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
\_\_\_\_\_, 1916  
\_\_\_\_\_  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 15 1916 (28) E. J. Parker 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.

fifth month of pregnancy.

State Registrar Only

126  
Registrar

Ward  
named, make  
as directed

16  
(Year)

25

K O D A K S . A F