

(1) PLACE OF BIRTH

County of Colleton
 Township of Bretherton
 OR
 Inc. Town of.....
 OR
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. for State Registrar Only
29761

Registration District No. 403 Registered No. 62
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Rice
 (9) PRESENT POSTOFFICE OF FATHER Islandton S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION farmington

MOTHER.

(14) NAME BEFORE MARRIAGE Williamina Brown
 (15) PRESENT POSTOFFICE OF MOTHER Islandton S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 5
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Islandton S.C.

Given name added from a supplemental report

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

(27) Filed Oct 1, 1922 (28) Mrs. L. W. Godley 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.