

(1) PLACE OF BIRTH

County of Bamberg
 or
 Township of Midway
 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

287

Registration District No. 110.3 Registered No. 1
 (For use of Local Registrar)

(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 George Rice

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Flarence Rice
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg, S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years) 33
 (18) BIRTHPLACE Bamberg Co. S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Jane Kennedy
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 11, 1922 (28) H. Herbert Falk 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.