

(1) PLACE OF BIRTH

County of Lancaster
 Township of Can Creek
 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
19150

Registration District No. 2.8.0.1. Registered No. 2.2.
 (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 James Brice

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

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

FATHER.

8 FULL NAME John Brice
 9 PRESENT POSTOFFICE OF FATHER Lancaster
 10 COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 42
 (Years)
 12 BIRTHPLACE Lancaster
 13 OCCUPATION Farming
 20 Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Alley Brice
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE Lancaster
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was June 5, 1922 at 9:31 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannie Brice(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Maude Brice
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 5, 1922 (28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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