

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of
Township of
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
30327

Registration District No. 22A Registered No. 469
(For use of Local Registrar)
(No. 309 St. John 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 Samuel Rice, Jr.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12 1922
(Month) (Day) (Year)

FATHER
(8) FULL NAME Samuel Rice
(9) PRESENT POSTOFFICE OF FATHER Greenville SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Year)
(12) BIRTHPLACE Anderson SC.
(13) OCCUPATION Hotel Worker
(20) Number of children born to mother, including present birth One

MOTHER
(14) NAME BEFORE MARRIAGE Geneva Overmyer
(15) PRESENT POSTOFFICE OF MOTHER Same
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
(Year)
(18) BIRTHPLACE Greenville SC
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. B. Gray M.D.
(24) State where Physician or Midwife (25) Address of Physician or Midwife The Pinion Greenville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Oct 7 1922 (28) O. E. Smith 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.

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