

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1 THE OTHER, No. 2, etc. in question 8.

FORM C

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
Inc. Town of Whitney
or
City of

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

File No.—For State Registrar Only
20265

Registration District No. 4008 Registered No. 191
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Lilly May Rice 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 1 6. Are Parents Married? yes (7) DATE OF BIRTH June 13, 1932
(Sex of Mother) (Day) (Year)

FATHER.
8. FULL NAME Ascor Rice
9. PRESENT POSTOFFICE OF FATHER Whitney S.C.
10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
12. BIRTHPLACE N.C.
13. OCCUPATION Truck Driver
20. Number of children born to mother, including present birth 1

MOTHER.
14. NAME BEFORE MARRIAGE Ada Greene
15. PRESENT POSTOFFICE OF MOTHER Whitney S.C.
16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 19 (Years)
18. BIRTHPLACE N.C.
19. OCCUPATION Housewife
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 alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) V. H. Chapman
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report
.....
....., 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-1-32 (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.

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8.

McCauley