

Form No. 3

(1) PLACE OF BIRTH

County of LaurinTownship of Lacksor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2903

File No.—For State Registrar Only

43300Registered No. 57
(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 Thegia Rice

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Member in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec 3 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Eddie Rice(9) PRESENT POSTOFFICE OF FATHER Remms S C(10) COLOR OR RACE Sk (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S C(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Georgiana Reynolds(15) PRESENT POSTOFFICE OF MOTHER Remms S C(16) COLOR OR RACE Sk (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S C(19) OCCUPATION Farm Work(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 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Young

(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 9 1923 (28) D. C. Copeland
Registrar 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.