

## (1) PLACE OF BIRTH

County of AndersonTownship of Fairor  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58521

Registration District No. 43Registered No. 43  
(For use of Local Registrar)(2) Full Name of Child Edouard Brice If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 20 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emmanuel Brice(9) PRESENT POSTOFFICE OF FATHER Fair Play(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Christine(15) PRESENT POSTOFFICE OF MOTHER Fair Play S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Georgia S.S.(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 born alive at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emmanuel Brice

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Fair Play

Given name added from a supplemental report

(26) Witness R. W. McCall  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 25 1916 (28) R. W. McCall  
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.

MARGIN RESERVED FOR BINDING.  
WHITE 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 5.  
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