

MARGIN RESERVED 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 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Union  
Township of G. Hill  
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  
**75006**

Registration District No. 4202 Registered No. 33  
(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 Annie Belle Rice 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 22, 18  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Giles Rice  
(9) PRESENT POSTOFFICE OF FATHER Whitman S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41  
(Years)  
(12) BIRTHPLACE Union Co.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 10

MOTHER.  
(14) NAME BEFORE MARRIAGE Ella Hamilton  
(15) PRESENT POSTOFFICE OF MOTHER Whitman  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35  
(Years)  
(18) BIRTHPLACE Union Co.  
(19) OCCUPATION Field work  
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was B. alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charley Rice  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whitman S.C.

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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 31, 1916 (28) J. C. Grobley  
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.