

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Proctor
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 14-For this report only

788

Registration District No. 1408Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Kathleen Rice (No. (St. (Ward))
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX girl (4) Type 1 (5) Number in order of birth 4 (6) Age yes (7) DATE OF BIRTH Jan 13, 28
 To be reported only in case of Twin or Triplet

FATHER

(8) FULL NAME Robert Rice(9) PRESENT RESIDENCE OF FATHER Lakelandton S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Clara Kearse(15) PRESENT RESIDENCE OF MOTHER Lakelandton S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Sarah Jones (23) Address of Physician or Midwife Lakelandton S.C.(24) Name Midwife (25) Address of Physician or Midwife Lakelandton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 20, 28 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should report the birth of the child. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.