

(1) PLACE OF BIRTH

County of

Township of

or

Loc. 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

74723

Registration District No.

Registered No. 555

(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 Male Infant of Dr. Ella Rick

At child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE BIRTH Aug 3 1916 (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Bruce L. Rick (14) NAME BEFORE MARRIAGE Ella Gosnell

(9) PRESENT POSTOFFICE OF FATHER Campobello S.C. (15) PRESENT POSTOFFICE OF MOTHER Campobello

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 3 3 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Greenville Co (18) BIRTHPLACE Spotsburg Co

(13) OCCUPATION Merchant (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth { } (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 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) O. L. Mayberry (24) State whether Physician or Midwife (25) Address of Physician or Midwife Campobello

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Aug 11 1916 (28) O. L. Mayberry 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.

fifth month or pregnancy.