

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.

RECEIVED BY THE STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of *Spartanburg*  
 Township of *Campobello*  
 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

38435

Registration District No. *4001-a*Registered No. *108*  
(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 *Robert Howard Brice* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 30 1922*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Oliver Brice*  
 (9) PRESENT POSTOFFICE OF FATHER *Campobello SC #3*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *19*  
 (Years)  
 (12) BIRTHPLACE *S.C.*  
 (13) OCCUPATION *Farmer*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mattie Skinner*  
 (15) PRESENT POSTOFFICE OF MOTHER *Campobello SC #3*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *17*  
 (Years)  
 (18) BIRTHPLACE *S.C.*  
 (19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *1* (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 *2 P.* M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. C. Morrow*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

*11-4-40*  
*Martin B. Woodward, M.D.*  
 Assistant State Registrar

(26) Witness

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

(27) Filed *10-31-22*

(28)

*C. 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.