

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. .... St.; .... Ward)  
(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

45749

Registration District No. 11-1 Registered No. H

(For use of Local Registrar)

(2) Full Name of Child Willie James Rice } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

To be answered only in case of Twin or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ester Rice

(15) PRESENT POSTOFFICE OF MOTHER

Cornwell &amp; C

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Farm hand

(20) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Leahy Brown

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cornwell &amp; C

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness

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

(27) FILED

Feb 3 1910

(28)

R B Mc Leell

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.

M. 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.  
State of Columbia.