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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

22 049268

1. PLACE OF BIRTH

County of Orangeburg  
Township of .....  
or  
Inc. Town of North  
or  
City of .....

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00794

Registration District No. 3615 Registered No. ....  
(For use of Local Registrar)

2. FULL NAME OF CHILD

Helma Rice  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <b>Girl</b>	If Plural Births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <b>Yes</b>	8. Date of Birth <u>Sept. 9, 1922</u> (Month, day, year)
9. Full name <b>FATHER</b> <u>David Rice</u>			18. Name before marriage <b>MOTHER</b> <u>Alberta Williams</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>North, S. C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>North, S. C.</u>		
11. Color or race <u>Col</u>	12. Age at child's birth <u>23</u> (years)		20. Color or race <u>col</u>	21. Age at child's birth <u>19</u> (years)	
13. Birthplace (city or place) (State or country) <u>Orangeburg Co S. C.</u>			22. Birthplace (city or place) (State or country) <u>Orangeburg Co S. C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....		
16. Date (month and year) last engaged in this work ....., 19.....			17. Total time (years) spent in this work ....., 19.....		
25. Date (month and year) last engaged in this work ....., 19.....					
26. Total time (years) spent in this work ....., 19.....					
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn.....)					
28. If stillborn, period of gestation..... months weeks			29. Cause of stillbirth..... Before labor..... During labor.....		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from  
a supplementary report.....  
(Date of) .....

(Signed) M. David Rice, Parent  
or....., Guardian

Address.....  
Filed 12/11, 1944 H. A. Reiter, M.D.  
Registrar.

Registrar.