

11/6/44
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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 each, in order of birth, stated.

(See instructions on Back of Certificate.)

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

1. PLACE OF BIRTH

County of Orangeburg

Township of

or
Inc. Town of North

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3615 Registered No.

(For use of Local Registrar)

22 049268

FILE No.—For State Registrar Only

00794

2. FULL NAME OF CHILD

Helma Rice
3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth Sept. 9, 1922
(Month, day, year)

9. Full name FATHER
David Rice
10. Residence (mailing address)
(If non-resident, give place and State) North, S. C.
11. Color or race Col 12. Age at child's birth 23 (years)
13. Birthplace (city or place)
(State or country) Orangeburg Co S. C.
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Cook
15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.
16. Date (month and year) last
engaged in this work 19.....
17. Total time (years)
spent in this work.....

18. Name before marriage MOTHER
Alberta Williams
19. Residence (mailing address)
(If non-resident, give place and State) North, S. C.
20. Color or race col 21. Age at child's birth 19 (years)
22. Birthplace (city or place)
(State or country) Orangeburg Co S. C.
23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.
25. Date (month and year) last
engaged in this work 19.....
26. Total time (years)
spent in this work.....

27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 0 (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)

Registrar.

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

Address.....
Filed 12/11, 19 44 H. A. R. R. M. D.
Registrar.