

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

**(1) PLACE OF BIRTH**  
 County of Richmond  
 Township of Beaufort  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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

Registration District No. 3102 File No.—For State Registrar Only  
4407  
 Registered No. 18  
 (For use of Local Registrar)

**(2) Full Name of Child** Lila C. Slice If child is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL</b> <u>Girl</u>	(4) <b>Type or Triplet</b> To be answered only in case of Triplets	(5) <b>Are</b> <u>Yes</u>	(6) <b>DATE OF BIRTH</b> <u>July 12, 1923</u> (Name of Month) (Day) (Year)
<b>FATHER</b>		<b>MOTHER</b>	
(7) <b>FULL NAME</b> <u>Arthur C. Slice</u>		(8) <b>NAME BEFORE MARRIAGE</b> <u>Amie Barrs</u>	
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Greenville S.C.</u>		(10) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>No 9</u>	
(11) <b>COLOR OR RACE</b> <u>White</u>	(12) <b>AGE AT LAST BIRTHDAY</b> <u>29</u> (Years)	(13) <b>COLOR OR RACE</b> <u>White</u>	(14) <b>AGE AT LAST BIRTHDAY</b> <u>36</u> (Years)
(15) <b>BIRTHPLACE</b> <u>Greenville S.C.</u>		(16) <b>BIRTHPLACE</b> <u>No 12</u>	
(17) <b>OCCUPATION</b> <u>Canner</u>		(18) <b>OCCUPATION</b> <u>Housework</u>	
(19) <b>Number of children born to mother, including present birth</b> <u>3</u>		(20) <b>Number of children of this mother now living, including present birth</b> <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was Lila C. Slice at 11 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)

(22) (Signature) Lila C. Slice  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report  
Jamie Baird  
May 21, 1923  
 Registrar

(25) Witness Lila C. Slice  
 (26) John 1 1923 (27) R. S. S. 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.

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8/27/43  
L.H.K.