

FOR BINDING
 WHITE PLAINLY, WITH EXPOSING THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>South</u> 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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9512 </div>	
(2) Full Name of Child <u>Clarence Rickson</u>		Registration District No. <u>4401</u>		Registered No. <u>17</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet?		(5) Number in order of birth	
(6) Are Parents Married? <u>yes</u>		(7) DATE OF BIRTH <u>Mar. 15, 1922</u> (Name of Month) (Day) (Year)		If child is not yet named, make supplemental report as directed	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jim Rickson</u>			(14) NAME BEFORE MARRIAGE <u>Lula Ann Rickson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Luthriesville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Luthriesville, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Sophy Thomas</u> (24) State whether Physician or Midwife <u>midwife (col)</u>					
(25) Address of Physician or Midwife <u>M. S. Connelleyville, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Mar 21 1922</u> (28) <u>S. H. Jones</u> 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.					