

(1) PLACE OF BIRTH

County of York
Township of South
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only

9512

Registration District No. 4401 Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Clarence Rickson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Rickson
(9) PRESENT POSTOFFICE OF FATHER Luthrivesville, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Year)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Ann Rickson
(15) PRESENT POSTOFFICE OF MOTHER Luthrivesville, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sophy Thomas (24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife (col) 132 Connelleville, S.C.

(Given name added from a supplemental report
19
Registrar

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

(27) Filed Mar 21, 1922 (28) S.H. Stone 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.

FOR BINDING
WRITE PRINTED WITH READING END—THIS IS A PERMANENT RECORD
M. B.—In case of twins or triplets use a SEPARATE HEADLINE FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
BUREAU OF COLUMBIA, COLUMBIA, S. C.