

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of FlourenceTownship of TIMMONSVILLE, S. C.Inc. Town of.....
or

City of.....

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

(2) Full Name of Child X

File No.—For State Registrar Only

38371

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No 20.15 Registered No. 84
(For use of Local Registrar)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Hickson

(9) PRESENT POSTOFFICE OF FATHER

Timmons ville

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Flourence Co

(13) OCCUPATION

Salvage

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Fittie Windam

(15) PRESENT POSTOFFICE OF MOTHER

Timmons ville

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Flourence Co.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive alive at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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

(27) Filed Oct 5 1922 (28) R. H. Halsey 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.