

(1) PLACE OF BIRTH

County of Anderson
Township of Land
or
Inc. Town of Land
or
City of Land

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

34502

Registration District No. 304

Registered No. 17
(For use of Local Registrar)

St. 17 Ward 17

(2) Full Name of Child Unnamed Boy

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

1) BOY OR GIRL Boy 2) Sex Male 3) Date of Birth Jan 29, 23
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FATHER.
4) Full Name J. E. Hicks
5) Present Postoffice of Father Land
6) Color or Race White 7) Age at last birthday 47
8) Birthplace S.C.
9) Occupation Farmer

MOTHER.
10) Name before marriage Nellie Patterson
11) Present Postoffice of Mother Land
12) Color or Race White 13) Age at last birthday 38
14) Birthplace S.C.
15) Occupation Housewife

16) Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(18) Signature Woodman (19) Address of Physician or Midwife Land, S.C.
(20) State whether Physician or Midwife Physician

Given name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(22) Filed Dec 10 1923 (23) Mrs. Margie J. J. J.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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