

USE THIS END OF TUBES OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH  
County of Aiken  
Township of Aiken  
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

No. 2659

Registration District No. 10 Registered No. 15  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Jannerson Rachel Wicks if child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Triplets <u>To be covered only in case of Triplets or Triplets</u>	(5) Number in order of birth	(6) Are twins	(7) DATE OF BIRTH <u>Feb 25 1925</u> (Month) (Day) (Year)
(8) FATHER FULL NAME <u>Alvin William Wicks</u> PRESENT POSTOFFICE OF FATHER <u>Aiken S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>40</u> (12) BIRTHPLACE <u>Aiken S.C.</u> (13) OCCUPATION <u>Farmer</u>		(14) MOTHER NAME BEFORE MARRIAGE <u>Cora Phineas</u> (16) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C.</u> (18) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (15) BIRTHPLACE <u>Aiken S.C.</u> (19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>3</u>		21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Wicks  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 3/7/25 (28) M. Wicks 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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