

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7012

Registration District No. 22A

Registered No. 110

(For use of Local Registrar)

(No. 12.4 Home)

St. 12.4 Ward

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

## (2) Full Name of Child

Eveline Elizabeth Hick

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

1

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan 12 1933

To be answered only in case of Twin or Triplet

(Name of Month) (Day) (Year)

(8) FULL NAME

John Henry Hick

(14) NAME BEFORE MARRIAGE

Walter W. Miller

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Teacher in Court

(19) OCCUPATION

Housewife

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

Born at 5:15 P.M. at 1300 Ave. Greenville S.C.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given under oath and signed in presence of

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

Mar 12 1933

(27) 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 should be reported as stillborn. No report is desired of stillbirths less than month of pregnancy.