

(1) PLACE OF BIRTH

County of GreenvilleTownship of Stateburg

or Inc. Town of

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

File No.—For State Registrar Only

12237

Registration District No. 41.0.9 Registered No. 2.1.....
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Indanah Hicks

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

no

(7) DATE OF BIRTH

Mar 29, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Hicks

(15) PRESENT POSTOFFICE OF MOTHER

Yahell. S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

16

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

farm laborer

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature)

Cecilia Howard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Yahell S.C.

Given name added from a supplemental report

(26) Witness

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

Louis K. Sanders

(27) Filed

Apr 2, 1923

(28) Local Registrar

Benny Sanders

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.