

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.

(1) PLACE OF BIRTH

County of Horry
Township of Corry
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

77529

Registration District No. 2502 Registered No. 144
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charlie Hickman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 6, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Chas Hickman
(9) PRESENT POSTOFFICE OF FATHER Allen SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Horry Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Izzie Dixon
(15) PRESENT POSTOFFICE OF MOTHER Allen SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Horry Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Chas Hickman
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allen

Given name added from a supplemental report

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

(27) Filed Sept 18, 1916 (28) J. D. Dwyer 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.