Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4817

County of Orangeburg
Township of Elloree
or
Inc. Town of .....
or
City of .....

Registration District No. 360 S- Registered No. 76
(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 Blanche Lucian Fickel — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
girl	No	1	yes	2/13/32

(4) To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME David Artemus Fickel
(9) PRESENT POSTOFFICE OF FATHER Elloree S.C.
(10) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer & Carpenter
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Wilhelmina Lee Zeigler
(15) PRESENT POSTOFFICE OF MOTHER Elloree S.C.
(16) COLOR OR RACE white
(17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ...alive... at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Rogers MD
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Elloree S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 26 19 33. (28) ..... 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.

N. B.—In case of TWINS and TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. Write plainly. Write in ink. Do not use pencil. This is a permanent record.