

Form No. 1.

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

File No.—For State Registrar Only
91539

(1) PLACE OF BIRTH

County of Richland

Township of Waverly

or
Inc. Town of

or
City of Columbia

Registration District No. 380

Registered No. 1610
(For use of Local Registrar)

St. 7 Ward

(2) Full Name of Child Beulah Brooke Hicks

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? yes (7) DATE OF BIRTH (Name of Month) (Day) (Year) Dec. 24 1916

FATHER.
(8) FULL NAME Joseph F. Hicks
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Summerville S.C.
(13) OCCUPATION Letter Carrier
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Mrs. Jennie B. Hicks
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Columbia
(19) OCCUPATION Mother
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A. M., (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) E. G. Thompson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1114 Wayne St

Given name added from a supplemental report
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Registrar

(26) Witness Brooks
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 7 1917 (28) E. G. Thompson 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.

MARGIN RESERVED FOR BINDING.
WRITER 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 6.