

Form No 3.

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Fork  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3035

Registration District No. 3.05 Registered No. 13  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 7 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. Monroe Wicks  
 (9) PRESENT POSTOFFICE OF FATHER Laurieville SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
 (Year)  
 (12) BIRTHPLACE Anderson Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ada E. Cox  
 (15) PRESENT POSTOFFICE OF MOTHER Laurieville SC #2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Year)  
 (18) BIRTHPLACE Anderson Co SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 107 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Hobson MD

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 20 1922 (28) J. T. Hallaway 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 INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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.

MIDWIFE, PHYSICIAN, Gynecologist, M. D.