

## (1) PLACE OF BIRTH

County of *Aiken*Township of *Sleepy Hollow*or  
Inc. Town ofor  
City of(No. *212* St. *116* Ward *116*)  
(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

62878

(2) Full Name of Child *Leroy Gicks* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Y* (7) DATE OF BIRTH *June 12* 191-*6*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *William Gicks*(9) PRESENT POSTOFFICE OF FATHER *Ellenton S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Aiken Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Seven*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Alice Corbit*(15) PRESENT POSTOFFICE OF MOTHER *Ellenton S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *31* (Years)(18) BIRTHPLACE *Aiken Co.*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *Seven*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born* at *8 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *A. Della Dunbar*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife* *Bunbarton S.C.*

Given name added from a supplemental report

191

Registrar

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

(27) Filed *6-12-1916* (28) *W. A. Carver* 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.

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.

McCaw, of Columbia

RESERVED FOR BINDING.