

(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

62878

County of *Aiken*Township of *Sleepy Hollow*or
Inc. Town of
orRegistration District No. *2.12* Registered No. *116*
(For use of Local Registrar)City of *(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 *Leroy Sicks* 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
To be answered only in event of Twins or Triplets(6) Are Parents Married? *Y*(7) DATE OF BIRTH *June 12* 191*6*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Sicks*(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 Corbett*(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 alive* 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 *Buntarton S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *6-12* 191*6* (28) *W. A. Eubank* 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