

WRITE PLAINLY, WITH ENLARGING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Colleton  
Township of Lowndes  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**85122**

Registration District No. 1407 Registered No. 47  
(For use of Local Registrar)  
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 Keith W. Hickman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>13</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 27, 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>W. H. Hickman</u>			(14) NAME BEFORE MARRIAGE <u>Edwarda Haysway</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wiggins S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wiggins S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Colleton Co.</u>			(18) BIRTHPLACE <u>Georgia</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was B. A. D. at 6 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Clay Laught  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife  
Wiggins S.C.

Given name added from a supplemental report  
.....  
.....  
.....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 11-3-06 (28) R. F. Haysway  
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.