

File No.—For State Registrar Only

County of Orangeburg
Township of North
or
Inc. Town of Springfield
or
City of

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

4825

Registration District No. 36A7... Registered No. 17.....
(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 Munay Fickens If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 3 1923*
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Reuben Frederick	(14) NAME BEFORE MARRIAGE	Melvin Simmons
(9) PRESENT POSTOFFICE OF FATHER	Springfield	(15) PRESENT POSTOFFICE OF MOTHER	Springfield
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY	30	(17) AGE AT LAST BIRTHDAY	30
(12) BIRTHPLACE	So.	(18) BIRTHPLACE	So.
(13) OCCUPATION	Wagon Maker	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) [Signature]
(24) State whether Physician or Midwife (26) Address of Physician or Midwife [Address]

(Given name added from a supplement-
tal report)

(20) Witness J. H. [Signature]
 Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed ... *Plt* ... 19 *27*. (28) ... 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.