

Form No. 1.

(1) PLACE OF BIRTH

County of Hammerwood  
Township of Madley 8c

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  
43563

Registration District No. 2800

Registered No. 10  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child William Pickett

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 7 1906  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Pickett  
(9) PRESENT POSTOFFICE OF FATHER Verdery 8c  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE Abbeville co 8c  
(13) OCCUPATION Farmer 12  
(20) Number of children born to mother, including present birth \_\_\_\_\_

MOTHER.

(14) NAME BEFORE MARRIAGE Marionna Chiles  
(15) PRESENT POSTOFFICE OF MOTHER Verdery 8c  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 43 (Years)  
(18) BIRTHPLACE Abbeville co 8c  
(19) OCCUPATION Farmer's Wife  
(21) Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ellie K. Frazier

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

Given name added from a supplemental report

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

(27) Filed Mar 8 1906 (28) Ph. B. Fowler  
Local Registrar

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

\*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.