

Form No. 1

(1) PLACE OF BIRTH

County of **Richland Co.**
 Township of **Lower**
 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

31997

Registration District No. **3803** Registered No. **210**
 (For use of Local Registrar)

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

(2) Full Name of Child **Henrietta Pickens** If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? **Girl** 4) Twin or Triplet? **No** 5) Number in order of birth **1** 6) Are Parents Married? **Yes** 7) DATE OF BIRTH **Sept 10 22**
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 8) FULL NAME **Thomas Pickens** 14) NAME BEFORE MARRIAGE **Henrietta Pickens**

9) PRESENT POSTOFFICE OF FATHER **Sykesland** 15) PRESENT POSTOFFICE OF MOTHER **Sykesland**

10) COLOR OR RACE **Negro** 11) AGE AT LAST BIRTHDAY **42** 16) COLOR OR RACE **Negro** 17) AGE AT LAST BIRTHDAY **42**
 (Years) (Years)

12) BIRTHPLACE **SC** 18) BIRTHPLACE **SC**

13) OCCUPATION **Farmer** 19) OCCUPATION **Housewife**

20) Number of children born to mother, including present birth **1** 21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **6 P.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Lucinda Glover** (24) State **South Carolina** (25) Address of Physician or Midwife **Sykesland SC**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) **Lucinda Glover**

(27) Filed **Sept 15 22** (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.

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.