

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar's Office  
14484County of HarveyMunicipality of Sumpter Creek

Town of .....

Registration District No. 2509Registered No. 3  
(For use of Local Registrar)(No. .... St.) ..... Ward 3)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Warren L. Hickman (If child is not yet named, make supplemental report as directed)SEX Boy (4) Type or Token one (5) Age years (6) DATE OF BIRTH Jan. 6, 1922  
(To be reported only in case of Twins or Triplets) (Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Rufus Aure Hickman(2) PRESENT RESIDENCE OF FATHER Louis R. 2(3) COLOR Col (11) AGE AT LAST BIRTHDAY 32 (Years)(4) BIRTHPLACE Harvey County(5) OCCUPATION Farming(6) Number of children born to mother, including present birth (9) nine

## MOTHER.

(10) NAME BEFORE MARRIAGE Fannie Francis(11) PRESENT RESIDENCE OF MOTHER Louis R. 2(12) COLOR Col (13) AGE AT LAST BIRTHDAY 37 (Years)(14) BIRTHPLACE Harvey County(15) OCCUPATION House Wife(16) Number of children of this mother now living, including present birth Six (6)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Reported as stillborn) (Bear A. M. or P. M.)(19) (Signature) Wm. L. Jackson(20) State whether Physician or Midwife Midwife

Give name added from a supplemental report

(21) Witness Mrs. R. 3 (Signature of Witness necessary only when question 22 is signed by mark)(22) Filed Jan 11, 1922 (23) 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.

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