

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
 Township of Philadelphia
 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

34009

Registration District No. 1509 Registered No. 33
 (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 Carnie Hickman If child is not yet named, make supplemental report as directed

3) BOY OR GIRL	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>No</u>	<u>March 22</u> (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Do not know
 9) PRESENT POSTOFFICE OF FATHER
 10) COLOR OF RACE
 11) AGE AT LAST BIRTHDAY (Years)
 12) BIRTHPLACE
 13) OCCUPATION

MOTHER.

14) NAME BEFORE MARRIAGE Edith Hickman
 15) PRESENT POSTOFFICE OF MOTHER Same
 16) COLOR OR RACE col
 17) AGE AT LAST BIRTHDAY (Years) 16
 18) BIRTHPLACE
 19) OCCUPATION Horse work
 20) 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 five one week at 4 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 15 1922 (28) R. J. Chafin 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. 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.

MCCRAW OF COLUMBIA, COLUMBIA, S. C.