

## (1) PLACE OF BIRTH

County of

*Anderson*

Township of

*Sacramento*

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

*311*

File No.—For State Registrar Only

*3091*

Registered No.

*21*

(For use of Local Registrar)

(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

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

3. BOY OR GIRL

*Boy*

(4) Twin or Triplet?

*-*

(5) Number in order of birth

*-*

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Feb 15 1924*  
(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

*James C. Pickett*

9. PRESENT POSTOFFICE OF FATHER

*Tan SC.*

10. COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*24*

(Years)

12. BIRTHPLACE

*Anderson S. C.*

13. OCCUPATION

*Farmer*

20. Number of children born to mother, including present birth

*One*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Pearl Walker*

(15) PRESENT POSTOFFICE OF MOTHER

*Tan SC.*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*20*

(Years)

(18) BIRTHPLACE

*Anderson S. C.*

(19) OCCUPATION

*House work*

(21) Number of children of this mother now living, including present birth

*One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *9:30 P. M.* on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature)

*Robert Pickett*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*M. C.**Tan SC.*

Given name added from a supplemental report

(26) Witness

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

(27) File

*Mar 9 1924*

(28)

*L. C. Todd*

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 or stillbirths before the fifth month of pregnancy.

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MARGIN RESERVED FOR BINDING.

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

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and enter the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 6.

Bureau of Vital Statistics, Columbia, S. C.