

FORM NO. 10. MARGIN RESERVED FOR BINDING.

WRITE 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 mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia

(1) PLACE OF BIRTH

County of Florence
Township of McClellan

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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
55867

Registration District No. 2011 Registered No. 33
(For use of Local Registrar)
(No. R.A.S. #2)
St.; Ward)

(2) Full Name of Child Amiebel Hicks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 15</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Hicks</u>			(14) NAME BEFORE MARRIAGE <u>Laura Cornel</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Effingham S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Lowndes S.C.</u>			(18) BIRTHPLACE <u>Effingham S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. O. Smith
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Effingham S.C.

Given name added from a supplemental report
.....
.....
Registrar

(26) Witness (Signature of Witness necessary when question 23 is signed by physician)
J. O. Smith
(27) Filed 4/20 1916 (28) J. O. Smith 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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