

(1) PLACE OF BIRTH

County of FlorenceTownship of McMillan

or

Inc. Town of

or

City of

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

2) Full Name of Child John Hicks

File No. — For State Registrar Only

11127

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2011 Registered No. _____

(For use of Local Registrar)

Only

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(3) BOY OR GIRL? girl

(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 Jan 20 1900

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Wayne Sterkel Hicks(14) NAME BEFORE MARRIAGE Jennie Irene Boston(9) PRESENT POSTOFFICE OF FATHER Florence S.C. Crk 3(15) PRESENT POSTOFFICE OF MOTHER same(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 23 (Years)(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Clarendon Co S.C.(18) BIRTHPLACE Orangeburg S.C.(13) OCCUPATION Scrub mill work(19) OCCUPATION Domestic(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 6:00 a born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Phys(24) State whether Physician or Midwife (25) Address of Physician or Midwife 210 3rd

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

wife

Registrar

(27) Filed

191

(28)

Local Registrar

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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.

Registrar

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