

(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of <u>Calhoun Falls</u> OR Inc. Town of <u>Calhoun Falls</u> OR City of _____ (No. _____ St.; _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">17315</div>	
(2) Full Name of Child <u>Edward Thicker</u>		Registration District No. <u>109</u> Registered No. <u>49</u> (For use of Local Registrar)			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 26 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Link Thicker</u>			(14) NAME BEFORE MARRIAGE <u>Julia Tench</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville</u>		
(13) OCCUPATION <u>Painter</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4</u> a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. W. Tate, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Calhoun Falls</u>					
Given name added from a supplemental report			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>July 3 1922</u> (28) <u>Thompson</u> 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.					

File No.—For State Registrar Only

17315

State Board of Health

Registered No. 477777
(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.)

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

(7) DATE OF BIRTH June 26 1922
(Name of Month) (Day) (Year)

MOTHER

MOTHER.
Philip Tenck

Calhoun Falls, S.C.

2000

Shesville

Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a.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

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

(27) Filed *Only* 3 1922 (28) *7/25/22* Local Registrar.

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