

## (1) PLACE OF BIRTH

County of ChestnutTownship of Rossvilleor  
Inc. Town of.....or  
City of.....

(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

41605

Registration District No. 1107Registered No. 169

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12-17-32  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luther Hicks(9) PRESENT POSTOFFICE OF FATHER Great Falls SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Florence Co SC(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Lettie Price(15) PRESENT POSTOFFICE OF MOTHER Great Falls SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Lec Co SC(19) OCCUPATION Domestic(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 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. McKenna M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Great Falls SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/13/2319 32(28) R. V. Varnado

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.