

(1) PLACE OF BIRTH

County of LexingtonTownship of Congree

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39272

Registration District No. 3103Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child Mary Kathleen Amick

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Nov. 12, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carroll Edward Amick

(9) PRESENT POSTOFFICE OF FATHER

New Brookland(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE

Summit, S.C.

(13) OCCUPATION

humberman

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma R. Long

(15) PRESENT POSTOFFICE OF MOTHER

New Brookland(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24

(Year)

(18) BIRTHPLACE

Gilbert, S.C.

(19) OCCUPATION

Raise keeping

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Wagner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife New Brookland S.C.

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed 11/28 1922(28) J. C. Lybrand

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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