

## (1) PLACE OF BIRTH

County of *Marion*Township of *Marion*

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46052

Registration District No. *1708*Registered No. *6*

(For use of Local Registrar)

St.: ..... Ward:

(2) Full Name of Child *Charles F. Fickensack*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan 15 1906*  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Charles F. Fickensack*(9) PRESENT POSTOFFICE OF FATHER *Summerville P.O.*(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *23*  
(Years)(12) BIRTHPLACE *T.B.*(13) OCCUPATION *Painter*(14) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Beatrice H. Fickensack*(15) PRESENT POSTOFFICE OF MOTHER *Summerville P.O.*(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *18*  
(Years)(18) BIRTHPLACE *T.B.*(19) OCCUPATION *Wife*(20) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Hour A. M. or P. M.) *12 M.*(22) (Signature) *Charles F. Fickensack*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Summerville P.O.*

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by physician)

(26) Filed *Jan 20 1906* (27) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.