

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Lee
Township of Lynchburg
or
Inc. Town of Lynchburg Registration District No. 3002 Registered No. 175
or
City of _____ (No. _____ St.; _____ Ward)
(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
90710

(2) Full Name of Child Annie Bell Hickson } 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 Dec. 29, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry A. Hickson
(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Lynchburg S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Powers
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) A. M. Grissom
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Lynchburg S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/7 1917 (28) J. H. Wechtach 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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