

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.

McChav. of Columbia.

(1) PLACE OF BIRTH

County of Lee

Township of Lynchburg

or  
Inc. Town of Lynchburg

or  
City of Lynchburg

(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

Registration District No. 3002

Registered No. 175  
(For use of Local Registrar)

(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?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 29, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry 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 Miner

(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 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. G. G. G.

(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. McIntosh 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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