

(1) PLACE OF BIRTH

County of Fleming
 Township of Rocky
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

35394

Registration District No. 3126 Registered No. 10
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oris Franklin Bickley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 28 1922
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Oris Franklin Bickley
 (9) PRESENT POSTOFFICE OF FATHER Irmo, D.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Irmo, D.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Youngner
 (15) PRESENT POSTOFFICE OF MOTHER Irmo, D.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Irmo, D.C.
 (19) OCCUPATION Housewife
 (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 alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Youngner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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Registrar

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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