

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of Rich
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3986

Registration District No. 2105Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Virginia Nicola Hicks
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 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?

7. DATE OF

BIRTH

(Name (Month) (Day) (Year))

FATHER.

8. FULL NAME

Edward Hicks

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

23

12. BIRTHPLACE

Georgetown S.C.

13. OCCUPATION

Teacher

20. Number of children born to mother, including present birth

1/2

MOTHER.

14. NAME BEFORE MARRIAGE

Olga Skinner

15. PRESENT POSTOFFICE OF MOTHER

Rich

16. COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

23

18. BIRTHPLACE

Georgetown S.C.

19. OCCUPATION

Teacher

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

FatherRich

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 28 1923

(28)

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.