

(1) PLACE OF BIRTH

County of PickensTownship of Libertyor
Inc. Town ofor
City of Liberty

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

(2) Full Name of Child Cornelia Estelle Hicks

{ 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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH June 8th 1922
(Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Henry Hicks

(9) PRESENT POSTOFFICE OF FATHER

Liberty S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Union Co S.C.

(13) OCCUPATION

Textile

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Vestenia Trotter

(15) PRESENT POSTOFFICE OF MOTHER

Liberty, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

15
(Years)

(18) BIRTHPLACE

Lavonia Ga

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. U. Spaldon M.D.(24) State whether Physician or ~~Midwife~~

(25) Address of Physician or Midwife

Liberty S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 8 1922 (28) John T. Boyce
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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