

(1) PLACE OF BIRTH

County of AudersonTownship of Crameror
Inc. Town of Iraor
City of Ira

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

215

Registration District No. 304Registered No. 4

(For use of Local Registrar)

(No. _____)

St. _____

Ward _____

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

(2) Full Name of Child Leilus Allen Hickey Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL(4) Twin
or Triplet? ☒(5) Number in
order of birth 1
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? ☒(7) DATE OF
BIRTHJan. 12, 1922

(Specify of Month) (Day) (Year)

FATHER.

(8) FULL
NAMELeilus Allen Hickey(9) PRESENT
POSTOFFICE
OF FATHERIra SC(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 36
(Years)

(12) BIRTHPLACE

Ellenwood, Ga

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth4

MOTHER.

(14) NAME BEFORE
MARRIAGENattie Campbell(15) PRESENT
POSTOFFICE
OF MOTHERIra SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 35
(Years)

(18) BIRTHPLACE

Abbeville SC

(19) OCCUPATION

House wife(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:15 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. Harrison M.D.

(24) State whether 'Physician or Midwife'

(25) Address of Physician or Midwife

Ira SCGiven name added from a supplemen-
tal report

(26) Witness

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

(27) File

Jan. 18, 1922(28) S. M. McAdams

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.

before the fifth month of pregnancy