

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 3.

MCLEARY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Proffers Creek
Inc. Town of.....
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2606

Registration District No..... Registered No.....
(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 Isabel Hickman

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1922
(State of Month) (Day) (Year)

FATHER.

(8) FULL NAME Matthew Hickman
(9) PRESENT POSTOFFICE OF FATHER Hogwood S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Year)
(12) BIRTHPLACE Sumter Co.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Carolina
(15) PRESENT POSTOFFICE OF MOTHER Hogwood S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Hogwood S.C.
(19) OCCUPATION housewife
(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..... at..... P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matthew Hickman

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hogwood S.C.

Given name added from a supplemental report:

(26) Witness M. C. Hickman
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 28 1922 (28) M. C. Hickman
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.