

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Anderson

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37071

Registration District No. 34 Registered No. 470
(For use of Local Registrar)

(No. E. Whitmer St. Ward)

(2) Full Name of Child Sara Frances Pickens

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

(3) ☒ BOY ☐ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. F. Pickens

(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Year)

(12) BIRTHPLACE Anderson, S. C.

(13) OCCUPATION mill operator

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Siggie Bell Henderson

(15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Abbeville, S. C.

(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 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) [Signature] (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 mark) F. B. CRAYTON

(27) Filed Nov 11 1922 (28) ANDERSON, S. C.

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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