

Form No. 1

(1) PLACE OF BIRTH

County of MecklenburgTownship of Fania

or

Inc. Town of

or

City of Candler S.C.

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

(2) Full Name of Child Willie Hickman

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

July 19, 22

(Name of Month) (Day) (Year)

(8) FULL NAME

Paul Hickman

(9) PRESENT POSTOFFICE OF FATHER

Candler S.C.

(10) COLOR OR RACE

Cast(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Machining

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Hickman

(15) PRESENT POSTOFFICE OF MOTHER

Candler S.C.

(16) COLOR OR RACE

Cast(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hosankler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Candler 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

Oct 19, 22

(28)

J. J. Cantan

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.