

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of *Charleston*

(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

27423

Registration District No. *9A* Registered No.

(For use of Local Registrar)

(No. *St. Francis Xavier Inf.* M.; *Ward*)

(2) Full Name of Child

Jeannette Marie Hicks

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

(3) DATE OF BIRTH *Sept. 22* (Name of Month) (Day) (Year)

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

FATHER.

(7) FULL NAME *William James Hicks*(8) PRESENT POSTOFFICE OF FATHER *Charleston, S.C.*(9) COLOR OR RACE *White* (10) AGE AT LAST BIRTHDAY *27* (Years)(11) BIRTHPLACE *Charleston, S.C.*(12) OCCUPATION *Physician*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Miss Mary E. Hicks*(15) PRESENT POSTOFFICE OF MOTHER *Charleston, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *Charleston, S.C.*(19) OCCUPATION *Physician*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *born* at *St. Francis Xavier Inf.* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(22) (Signature) *William James Hicks*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *St. Francis Xavier Inf.*

Given name added from a supplemental report

191.

Registrar

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

(26) Filed *3* 191 *23* (27) *W. L. Williams* 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.