

(1) PLACE OF BIRTH

County of *Bamberg*
Township of *Suffield Bridge*
or
Inc. Town of *Govan*
or
City of *Se*

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3136

Registration District No. *4-01* Registered No. *20*
(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 *Rebecca Hicks* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *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? *ye*

(7) DATE OF BIRTH *Feb 28 19 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Leontat Hicks*

(9) PRESENT POSTOFFICE OF FATHER *Govan Se*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *34*
(Year)

(12) BIRTHPLACE *Sc*

(13) OCCUPATION *forming*

(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Aliphair Williams*

(15) PRESENT POSTOFFICE OF MOTHER *Govan Se*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *32*
(Year)

(18) BIRTHPLACE *Sc*

(19) OCCUPATION *forming*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mernda Govan*

(24) State whether Physician or Midwife *midwife*

(25) Address of Physician or Midwife *Govan Se*

Given name added from a supplemental report

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

(27) Filed *Mar 4 19 22* (28) *J. E. Bennett* 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.

MAILED 10/15/22
REGISTERED 10/15/22
FILED 10/15/22
BAMBERG, SOUTH CAROLINA
MAY 1, 1922
COUNTY CLERK