

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

3136

County of Barnberg.....
Township of Duffield.....
or
Inc. Town of.....
or
City of

Registration District No. 4.0.1

Registered No.
(For use of Local Registrar)

City of (No. St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rebecca Hick

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
To be answered only in event of Twins or Triplets

(8) - Are Parents Married? *Yes*

(7) DATE OF BIRTH Feb 28 1922
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME Robert Hicks

PRESENT POSTOFFICE OF FATHER *Govan H*

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

102 BIRTHPLACE AC

(13) OCCUPATION

(20) Number of children born to 105

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

MOTHER.

(14) NAME BEFORE MARRIAGE Aliphais Williams

(15) PRESENT POSTOFFICE OF MOTHER *Loraine H.*

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

(18) BIRTHPLACE As

(19) OCCUPATION

Army 17

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

(23) (Signature) Merrida Laom
 (24) State whether Physician or Midwife | (25) Address of

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witnesses

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

(57) Filed

Mar 4, 1922 (23) 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.