

No 3.

(1) PLACE OF BIRTH

County of AndersonTownship of Forkor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3.05 Registered No. 327
(For use of Local Registrar)

File No.—For State Registrar Only

6455

(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

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 30 1927
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James B. Pickens (14) NAME BEFORE MARRIAGE Emma Pearl Bryan
(9) PRESENT POSTOFFICE OF FATHER Louville SC (15) PRESENT POSTOFFICE OF MOTHER Louville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years) (Years) (18) BIRTHPLACE Anderson Co SC
(12) BIRTHPLACE Come Co SC (19) OCCUPATION Housewife
(13) OCCUPATION Farmer (20) Number of children born to mother, including present birth 3 (21) 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... 4 P.M....
(Born alive or stillborn) (Hour, M. or P.M.)
on the date above stated.(23) (Signature) J. M. Hobson (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)(27) Filed Nov 30 1927 (28) J. T. Hallen 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.