

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Savannahor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20972

Registration District No. 311... Registered No. 50.....
(For use of Local Registrar)(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 Jones W. Hickman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>February 19, 1927</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME C. W. Hickman(9) PRESENT POSTOFFICE OF FATHER Star S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Anderson, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Moore(15) PRESENT POSTOFFICE OF MOTHER Star S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Anderson Co., S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (M., or P. M.)
on the date above stated.(23) (Signature) Fannie Shiflet
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Star 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 Aug 8, 1927 (28) L. A. Todd 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.

WRITE PLAINLY, WITH UNFADING INK. ATTACH A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No 1 THE OTHER, No 2, etc. In question 5