

WHILE PLACING WITH UNPAID FOR FINDING.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE FILE, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McGraw-Hill Companies, Columbus, O.

(1) PLACE OF BIRTH
 County of Sp. Hg. Co.
 Township of Woodruff
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
2552

Registration District No. 4009 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child _____ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Mark J. Hicks</u>	(14) NAME BEFORE MARRIAGE <u>Pearl Roberson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Woodruff SC R#1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff SC R#1</u>
(9) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Laurens Co</u>	(18) BIRTHPLACE <u>North Carolina</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Dom</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. W. H. Womack
 (24) State Physician or Midwife (25) Address of Physician or Midwife
Physician Woodruff SC

Given name added from a supplemental report _____

 _____ 19 _____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 11 1922 (28) Chas. L. Bayler
 _____ 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.

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