

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

yes

DATE OF

BIRTH

Dec. 10, 1941

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Thomas Dicks

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C. Piedmont St.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

30

(Year)

(12) BIRTHPLACE

Hartwell Co. Ga.

(13) OCCUPATION

Barber

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

III

MOTHER.

(14) NAME BEFORE MARRIAGE

Mellie Mary Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont St. Anderson S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28

(Year)

(18) BIRTHPLACE

Hartwell Co. Ga.

(19) OCCUPATION

House wife

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

III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Alga V. Pruitt

(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)

F. B. CRAYTON,

(27) Filed

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(28) Local Registrar

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Registrar

When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(Date of)

Address Route 2, Anderson, S.C.Filed AUG. 20, 1941

Registrar