

(1) PLACE OF BIRTH

County of Horry
Township of Simpson Creek
or
Inc. Town of Loris
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43015

Registration District No. 2509

Registered No. 173
(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 Katharine Hickman

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? yes (7) DATE OF BIRTH Nov 17 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Joseph Hickman
(9) PRESENT POSTOFFICE OF FATHER Loris S C
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39
(Years)
(12) BIRTHPLACE Horry Co S C
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth Eight

MOTHER.
(14) NAME BEFORE MARRIAGE Elvita Rouse
(15) PRESENT POSTOFFICE OF MOTHER Loris S C
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35
(Years)
(18) BIRTHPLACE Horry Co S C
(19) OCCUPATION Housewife
(21) Number of children of this mother new living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Duger Richardson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Loris S C

Given name added from a supplemental report
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..... 19

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

(27) Filed Dec 1 1922 (28) Duger Richardson 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.