

## (1) PLACE OF BIRTH

County of Harvey  
 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. 2509Registered 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 Harvey 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 Harvey Co S C(19) OCCUPATION Housewife(21) Number of children of this mother now 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) J. Edgar Richardson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Loris 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 Dec 1, 1922 (28) J. Edgar 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.