

(1) PLACE OF BIRTH

County of Glorry
 Township of Socastee

or
 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

77633

Registration District No. 2570 Registered No. 44
 (For use of Local Registrar)

City of (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 Nester Grant Hicks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 0 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 8, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Edie Hicks

(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Socastee S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Laurel May Smith

(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edgar A. Staley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed Aug 10, 1916 (28) Edgar A. Staley Local Registrar

Given name added from a supplemental report

....., 191.....

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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

McCauley of Columbia.