

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

Inc. Town of .....

City of Abbeville

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

(2) Full Name of Child Marion Hicks

|                       |   |                              |                                       |   |
|-----------------------|---|------------------------------|---------------------------------------|---|
| (3) SEX<br><u>Boy</u> | (4) Twin or Triplet<br>To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married<br><u>yes</u> | (7) DATE OF BIRTH<br><u>July 17, 1928</u> |
|-----------------------|---|------------------------------|---------------------------------------|---|

|   |  |   |  |
|---|--|---|--|
| FATHER  |  | MOTHER  |  |
| (8) FULL NAME<br><u>Luther C. Hicks</u>                                     | (14) NAME BEFORE MARRIAGE<br><u>Lester Thomas</u>                                      | (9) PRESENT POSTOFFICE OF FATHER<br><u>Abbeville, S. C.</u> | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Abbeville, S. C.</u> |
| (10) COLOR OR RACE<br><u>white</u>  | (11) AGE AT LAST BIRTHDAY<br><u>39</u>   | (16) COLOR OR RACE<br><u>white</u>                          | (17) AGE AT LAST BIRTHDAY<br><u>39</u>                       |
| (12) BIRTHPLACE<br><u>Anderson, S. C.</u>                                   | (13) OCCUPATION<br><u>Farmer</u>   | (18) BIRTHPLACE<br><u>Anderson, Ga.</u>                     | (19) OCCUPATION<br><u>House wife</u>                         |
| (20) Number of children born to mother, including present birth<br><u>1</u> | (21) Number of children of this mother now living, including present birth<br><u>1</u> |   |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

|                                       |   |  |
|---------------------------------------|---|--|
| (23) (Signature)<br><u>J. C. Hall</u> | (24) State whether Physician or Midwife<br><u>Physician</u> | (25) Address of Physician or Midwife<br><u>Abbeville</u> |
|---------------------------------------|---|--|

Given name added from a supplemental report

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

(27) Filed July 20, 1928 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING 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 1.

## CERTIFICATE OF BIRTH

 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health
Registration District No. 1 AFile No. 19580Registered No. 68  
(For use of Local Registrar)

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