

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29797

Registration District No.

3701

Registered No.

27

(For use of Local Registrar)

(2) Full Name of Child

Ellie Inez Hicks

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

(3) SEX

(4) Twin or Triplet

(5) Number in order of birth

(6) DATE OF BIRTH

(7) DATE OF BIRTH

(8) FULL NAME

FATHER

Hicks

(9) PRESENT POSTOFFICE OF FATHER

Jaguessville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

6

(14) NAME BEFORE MARRIAGE

MOTHER

Lula Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Jaguessville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... (Born alive—stillborn) (New A. H. or P. M.) on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

29797 (27) Local 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 at all before the fifth month of pregnancy.