

(1) PLACE OF BIRTH

County of BrownTownship of Eden

Inc. Town of

(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

4093

Registration District No. 2212 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Lucius D. Dicks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb 14 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Sullivan

(9) PRESENT POSTOFFICE OF FATHER

Simpsonville 1217

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Louisa Dicks

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville 1217

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 9:40 P.M. on the date above stated. (Day of birth or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

L. Dicks

(25) Address of Physician or Midwife

Simpsonville 1217

(When name added from a supplemental report)

(26) Witness

Henry Sullivan

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

(27) Filed Feb 23 1923(28) John W. Dicks

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.

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.

WITH PLAINLY WRITTEN NAMES IN SPACES PROVIDED FOR NAMES OF CHILD, AND MARK THE SEX OF CHILD IN SPACES PROVIDED FOR SEX. IN CASE OF TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SEX OF EACH CHILD IN SPACES PROVIDED FOR SEX. IN CASE OF FIRST-BORN, NO 1. THE OTHER, NO 2, ETC. IN SPACES PROVIDED FOR ORDER OF BIRTH.

B-2-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100