

## (1) PLACE OF BIRTH

County of ChesterTownship of Waterman

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

17110

Registration District No. 11 A.D. Registered No. 33  
(For use of Local Registrar)(2) Full Name of Child William Wicks If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 2, 1923</u> (Month of Birth) (Day) (Year)
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## FATHER.

(8) FULL NAME Willie Wicks(9) PRESENT POSTOFFICE OF FATHER Loumyville #2, S.C.(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE Chester co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Edmore Carter(15) PRESENT POSTOFFICE OF MOTHER Loumyville #2, S.C.(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE Chester co.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ella Woods

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Leeds, S.C. #1

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 11, 1923 (28) J. H. Cook 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.

K O D A K S A F E T Y