

(1) PLACE OF BIRTH

County of Anderson
 Township of Savannah
 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

9940

Registration District No. 311 Registered No. 25
 (For use of Local Registrar)

(2) Full Name of Child Ben Ager Pickens (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR
 GIRL Boy

(4) Twin
 or Triplet?

(5) Number of
 order of birth

(6) Are
 Parents
 Married?

(7) DATE OF
 BIRTH

April 20 22
 (Name) (Month) (Day) (Year)

FATHER

(8) FULL
 NAME

Ben Ager Pickens

(14) NAME BEFORE
 MARRIAGE

Pearl Young

(9) PRESENT
 POSTOFFICE
 OF FATHER

Anderson Co

(15) PRESENT
 POSTOFFICE
 OF MOTHER

Stark S.C.

(10) COLOR
 OR
 RACE

coloured

(16) COLOR
 OF
 RACE

coloured

(12) BIRTHPLACE

Anderson Co S.C.

(18) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housekeeper

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

6

(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 alive at 5:45 PM
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lula X. Gray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Stark S.C.

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed

19

(28)

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.