

(1) PLACE OF BIRTH

County of Anderson
 Township of Pendleton
 or
 Inc. Town of _____
 or
 City of _____ (No. _____)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

9930

Registration District No. 310 Registered No. 40
 (For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Margie Hicks

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

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 26 22
 (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME George Hicks(9) PRESENT POSTOFFICE OF FATHER Pendleton, S. C.(10) COLOR OR RACE bal. (11) AGE AT LAST BIRTHDAY 39
 (Years)(12) BIRTHPLACE Anderson, Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Eight

MOTHER:

(14) NAME BEFORE MARRIAGE Charlotte Pickens(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S. C.(16) COLOR OR RACE bal. (17) AGE AT LAST BIRTHDAY 36
 (Years)(18) BIRTHPLACE Anderson, Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ron Alvin at 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Millie Richey (25) Address of Physician or Midwife
 (24) State whether Midwife Central, S. C.

Given name added from a supplemental report

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

(27) Filed May 18 1922 (28) N. H. Seawright 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.