

# RECORD OF BIRTH

OCCURRING PRIOR TO 1914

STATE OF TENNESSEE  
DEPT. OF PUBLIC HEALTH  
DIV. OF VITAL STATISTICS

FILE NUMBER

32200

CERTIFICATES CONTAINING ALTERATIONS OR CORRECTIONS WILL NOT BE ACCEPTED

1. FULL NAME Seab Ehilu Hicks

2. PLACE OF BIRTH: COUNTY Benton CITY OR TOWN \_\_\_\_\_ CIVIL DISTRICT 4th.

3. DATE OF BIRTH December, 30th. 1906 4. SEX Male 5. COLOR White

6. WERE PARENTS MARRIED yes?  
(YES OR NO)

FATHER 6. FULL NAME William Thomas Hicks

7. BIRTHPLACE Benton County, Tenn.

MOTHER 7. THIS WAS THE 3rd. CHILD OF THE MOTHER  
(FIRST, SECOND, ETC.)  
Hettie Josephine Pinkston

8. MAIDEN NAME \_\_\_\_\_

9. BIRTHPLACE Benton County, Tenn.

THIS SPACE TO BE USED ONLY BY CIRCUIT COURT JUDGE OR DISTRICT ATTORNEY GENERAL. IF ONLY DOCUMENTARY EVIDENCE IS USED AT LEAST TWO SUCH ORIGINAL DOCUMENTS MUST BE PRESENTED AND LISTED.

### AFFIDAVIT OF ATTENDANT AT BIRTH

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ } SS.

I HEREBY CERTIFY, ON OATH, THAT I WAS THE ATTENDANT AT THE BIRTH OF \_\_\_\_\_

AND THAT THE FACTS STATED IN THE CERTIFICATE ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

I HAVE EXAMINED THE SUPPORTING EVIDENCE OF THIS CLAIM, FIND IT VALID, AND RECOMMEND THE RECORD BE ACCEPTED FOR FILING IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.

SIGNED E. W. Thomas

(SEAL) \_\_\_\_\_

ADDRESS Camden DATE Jan. 25, 1941

D. C. PETERSON, M.D.

STATE REGISTRAR

DATE FILED

JAN 28 1941

TO BE USED ONLY FOR BIRTHS OCCURRING PRIOR TO JAN. 1, 1914.

FORM 139-B

032200D1906

WRITE PLAINLY  
CHECK ALL STATEMENTS — NO CORRECTIONS WILL BE MADE AFTER FILING  
USE INK  
THIS IS A PERMANENT LEGAL RECORD

1-29-41 205488 = Same as above, Iowa

THIS IS A LEGAL DOCUMENT. CERTIFICATION TO FALSE OR UNKNOWN FACTS IS PUNISHABLE BY FINE.

SIGNATURE OF THE ACTUAL ATTENDANT AT BIRTH SHOULD BE OBTAINED IF POSSIBLE. AFFIDAVIT IS REQUIRED OF THE ATTENDANT.

CERTIFICATION BY OTHERS MUST BE MADE BY AFFIDAVIT, USING FORMS BELOW. ALL INFORMATION REQUIRED IN THE AFFIDAVITS MUST BE COMPLETE. 9-6-56 21882 Mrs Bernice Dee Hicks

1. STATE OF Tennessee } 7400 W 63 Place  
COUNTY OF Benton } Argo Ill  
SS.

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT 51 YEARS OF AGE; AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS RECORD OF BIRTH AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE; AND THAT I AM RELATED TO THIS PERSON AS Cousin

SIGNATURE Joe J. Kee  
PRESENT ADDRESS Camden, Tennessee

SUBSCRIBED TO, AND SWORN BEFORE ME THIS 25 DAY OF January 19 41

J. C. Parker NOTARY PUBLIC

MY COMMISSION EXPIRES January, 11th, 1944.



2. STATE OF Tennessee }  
COUNTY OF Benton } SS.

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT 45 YEARS OF AGE; AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS RECORD OF BIRTH AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE; AND THAT I AM NOT RELATED TO THIS PERSON.

SIGNATURE R. A. Smith  
PRESENT ADDRESS Camden, Tennessee

SUBSCRIBED TO, AND SWORN BEFORE ME THIS 25 DAY OF January, 1941

J. C. Parker NOTARY PUBLIC

MY COMMISSION EXPIRES January, 11th, 1944.

