

(1) PLACE OF BIRTH

County of

Charleston

Township of

Inc. Town of

City of

Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27500

Registration District No. 1 A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Laurence Lloyds Nodds

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

SEX

Boy

(4) Twin or triplet?

No

(5) Number in order of birth

39

FATHER.

FULL NAME

John Joseph Nodds

PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Clerk R.R. Office

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

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 9, 1900

MOTHER.

(14) NAME BEFORE MARRIAGE

Anella A. Hennessy

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at birth, on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Thyricraft

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

8 Wrentham St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 signed by mother)

(27) Filed

10/12 1902

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.