

**File No.—For State Registrar Only**

3347

Registration District No. 9A Registered No. 189  
(For use of Local Registrar)

Registered No. .... 189 ....  
(For use of Local Registrar)

(No. Merry Maternity ..... Ward)  
(Name of same instead of street and number.)

(No. 100...100...100)  
Institution, give name of same instead of street and number.)

*Wm. L. Tucker* If child is not yet named, make  
developmental report as directed

(2) Full Name of Child William Nesbitt Tucker If child is not yet 18 months of age, submit a supplemental report as directed

3) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? <i>X</i>	5) Number in order of birth <i>X</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Jan 31, 1922</i> ( <i>Jan</i> of Month) ( <i>31</i> ) (Day) ( <i>1922</i> ) (Year)
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**FATHER.**

**MOTHER.**

(B) FULL NAME George Andrew Niekles

(14) NAME BEFORE MARRIAGE *Ms. Rebecca Nesalle*

PRESENT 14 New Street

(18) PRESENT 14 New Street,

POSTOFFICE OF FATHER Charleston S.C.

POSTOFFICE  
OF MOTHER Charleston S.C.

(10) COLOR OR 141 (11) AGE AT LAST BIRTHDAY 31

(16) COLOR OR *W* (17) AGE AT LAST BIRTHDAY.. *30*.....  
(Year)

12) BIRTHPLACE

(18) BIRTHPLACE

Hodges S. C.

Cokesburg, N. C.

13. OCCUPATION

(19) OCCUPATION

Urgyman.

Wife

20. Number of children born to 1 2

(21) Number of children of this mother 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born above at L.P.M.  
on the date above stated. (Born alive or stillborn) (How A.M. or P.M.)  
D. J. [Signature]

(23) (Signature) [Signature] Physician or Midwife (25) Address of Physician or Midwife [Address]

(24) State Distribution 27) Chassis

Given name added from a supplement-  
tal report

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

21/3 22/3 23/3 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3

(27) Filed 1/1/19 19 Local Registrar.  
Household etc. should make this return.

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth of a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths.

before the fifth month of pregnancy.

should breathe even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

A black and white photograph of a large, multi-story building, likely a school or institutional structure. The building has a complex facade with multiple levels and windows. A prominent sign on the right side of the building reads "PUECO". The image is grainy and has a high-contrast, almost stencil-like quality.

Registar.

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