

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Butlandor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dolores NestitFile No.—For State Registrar Only  
**29101**Registration District No. 708 Registered No. 94  
(For use of Local Registrar)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet.	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 28 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Clarence Nestit</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Nestit</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cross S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cross S.C.</u>
(10) COLOR OR RACE <u>W.C.</u>	(16) COLOR OR RACE <u>W.C.</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(12) BIRTHPLACE <u>Berkeley County</u>	(18) BIRTHPLACE <u>Berkeley Co.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Ruxley  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross S.C.

Given name added from a supplemental report

(26) Witness E. D. Cross  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 28 1922 (28) E. D. Cross  
Registrar 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.