

(1) PLACE OF BIRTH

County of Marion
 Township of Peacree
 or
 Inc. Town of

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

File No.—For State Registrar Only

27138

Registration District No. 3125Registered No. 54
(For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Clarence Nicholas If child is not yet named, make supplemental report as directed

3) ~~BOY OR GIRL~~ 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH June 4, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Roman Nichols
 9) PRESENT POSTOFFICE OF FATHER Nichols S.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 24 (Years)
 12) BIRTHPLACE Marion Co.
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Rosa Belle Jones
 15) PRESENT POSTOFFICE OF MOTHER Nichols, S.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 19 (Years)
 18) BIRTHPLACE Marion Co.
 19) OCCUPATION House work

20) Number of children born to mother, including present birth 121) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Brogan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols, S.C.

Given name added from a supplemental report

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

(27) Filed 6/12/22 (28) M. E. Lambert 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.