

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Youth Protection

State Board of Health.

File No. — For State-Inspector's Use

3500.0

7 of S. Maryland.

2. **NAME OF**

Turn of Registration District No. 44 Registered No. 11111

(For use of **Individuals**)

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

Full Name of Child Nicholas

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

ON <u>14-1-1942</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>✓</u>	(7) DATE OF BIRTH <u>1-1-1942</u> (Name of Month) (Day) (Year)
FATHER <u>James J. Smith</u>			MOTHER <u>John J. Smith</u>	

PATROL

NOTES

(14) NAME BEFORE MARRIAGE Wesley

SNT OFFICE THER

(15) PRESENT POSTOFFICE OF MOTHER

(11) AGE AT LAST BIRTHDAY 22
(Years)

(16) COLOR OR RACE _____ (17) AGE AT LAST BIRTHDAY 36 (Years)

PLACE

(10) **DISPLACE**

1945

12

STATION

(10) OCCUPATION

STATION *7-1*

11/11/2011

[Signature]

Number of children born to _____

(a) Number of children of this mother

or, including present birth 1

new living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was White at 11 months of age, born alive or stillborn on the date above stated. (Near A. M. or P. M.)

(28) (Signature) [Handwritten Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

name added from a supplement-
tal report

(2d) Witness
(Signature of Witness necessary only)

(Signature of Witness necessary only
when question 28 is signed by mark)

..... 101...

(97) Filed 1/22/23. (20) *Attorney: [Signature]*

Registrar

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

PLACE ON BIRTH

RECEIVED BY BIRTH DATE NO. FOR YOUR RECORD

NAME OF CHILD

WICLITH

before me this

of FEBRUARY, A.D. 1930

J. C. Cressall
Notary Public, S.D.

Mrs. R. A. Nichols
Mother.

...and advised that ...
...of ...
...a girl child was born ...
...on May 8th, 1925; that the birth of this ...
...in the Department of Health, but ...
...of the father was incorrect, her maiden name ...
...and the child's given name was not recorded ...
...on the Reverse Return of Birth ...
...and that this corrected certificate ...
...for the original one.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 10. - For use of Local Registrar

1. PLACE OF BIRTH

County of Charleston
 Township of Charleston
 In Town of Charleston
 City of Charleston

2. FULL NAME OF CHILD

Julia Rebecca

Registered No. 1863

(For use of Local Registrar)

1. SEX OF CHILD
Girl

2. AGE OF CHILD
1 yr

3. NUMBER IN ORDER
1

4. PREVIOUS MARRIAGE
Yes

5. DATE OF BIRTH
Nov. 8th, 1925

(Month) (Day) (Year)

FATHER

6. FULL NAME George Andrew Nickles

7. PRESENT RESIDENCE 14 New St. City

8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 32
 (Years)

10. BIRTHPLACE S.C.

11. OCCUPATION Minister

12. Number of children born to mother, including present birth 3

MOTHER

13. NAME BEFORE MARRIAGE Julia Rebecca Nevill

14. PRESENT RESIDENCE 14 New St. City

15. COLOR OR RACE White 16. AGE AT LAST BIRTHDAY 32
 (Years)

17. BIRTHPLACE S.C.

18. OCCUPATION Wife

19. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

21. Signature G. F. Wilson, M.D.

22. State whether Physician or Midwife Physician

23. Address of Physician or Midwife

Given name added from a supplemental report

24. Witness

(Signature of Witness necessary only when question 20 is signed by mother)

25. Filed 11:22/25

J. M. Green, M.D.

*When there was no attending physician or midwife, then the name of the person who attended the birth must be reported as such. No report is desired of children born out of wedlock or illegitimate.