

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 4Inc. Town of 4City of 4

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17540

Registration District No. Registered No.

(For use of Local Registrar)

(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 David Perry Nicks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>4</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>19</u>
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FATHER.

(8) FULL NAME James Nicks(9) PRESENT POSTOFFICE OF FATHER Princeton(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Fairfield(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Phemie(15) PRESENT POSTOFFICE OF MOTHER Princeton(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Canning(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M.,
(on the date above stated.) (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amos Anderson

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

Given name added from a supplemental report

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

(27) Filed July 12 19 22. (28) Thos. J. Johnston 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.

to send in.