

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
Township of Mayeville
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
57753

Registration District No. 402 Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child Alberta Nichols

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 17 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Nichols
(9) PRESENT POSTOFFICE OF FATHER Mayeville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Singletary
(15) PRESENT POSTOFFICE OF MOTHER Mayeville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 9 M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. B. B. Bryan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayeville

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Apr 18 1916 (28) W. G. Thomas 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. B.—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.
McClay, of Columbia.