

(1) PLACE OF BIRTH

County of SumterTownship of Providence

or

Inc. Town of Sumter S.C.

or

City of Sumter S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

36601

Registration District No. Registered No. 205

(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 Lucinda Nickerson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 6th 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jarvis Francis Nickerson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Preaching and Farming(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Cabagatalk(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 4 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matie Nelson midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness Jas. F. Nickerson
(Signature of Witness necessary only when question 23 is signed by mark)19
Registrar

(27) Filed 19 (28) 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.