

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of York
or
City of York
(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

75178

Registration District No. 44-A Registered No. 41
(For use of Local Registrar)

(2) Full Name of Child Jasper B. Nivens } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 8-19-1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Blends K. Nivens
(9) PRESENT POSTOFFICE OF FATHER York S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE York Co S.C.
(13) OCCUPATION Mill work
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Lytia Nivens
(15) PRESENT POSTOFFICE OF MOTHER York S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Rutherford Co N.C.
(19) OCCUPATION Domestic
(21) 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 at One A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 20 1916 (28) M. J. Warden 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.