

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.  
McCay, of Columbia.

(1) PLACE OF BIRTH

County of *York*  
Township of *York*  
OR  
Inc. Town of *York*  
OR  
City of *York*

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)

City of (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 *Jasper B. Nivens* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *✓* (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *8-19-16*  
(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 *Sylvia Nivens*  
(15) PRESENT POSTOFFICE OF MOTHER *York S.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *21* (Years)  
(18) BIRTHPLACE *Rutherfordton 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  
..... 191.....  
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.