

(1) PLACE OF BIRTH

County of AikenTownship of Wicksan

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48608

Registration District No. 255Registered No. 21

(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

(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 5(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 30, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. H. Nunn

(9) PRESENT POSTOFFICE OF FATHER

Wicksan SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Aiken S.C.

(13) OCCUPATION

Harmon

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Willis

(15) PRESENT POSTOFFICE OF MOTHER

Wicksan S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Aiken S.C.

(19) OCCUPATION

Wife

(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 born alive or stillborn on the date above stated. 39 at 4:30 (Hour A. M. or P. M.)

(23) (Signature)

(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

3 10 24

(28)

D. L. Wicks

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.

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