

Form No. 1

(1) PLACE OF BIRTH

County of *Lee Co*

Township of *Glenn Hill*

or Inc. Town of *Candler*

or City of *Candler*

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
35340

Registration District No. *9000*

Registered No. *56*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Jakue Nankith*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet? *one*

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Sept 8, 22*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *Walt Nankith*

(14) NAME BEFORE MARRIAGE *Marie Presly*

(9) PRESENT POSTOFFICE OF FATHER *Candler S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Candler S.C.*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *27*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *25*

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farming*

(19) OCCUPATION *House wife*

(20) Number of children born to mother, including present birth *5*

(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* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Callie Brunson*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Candler S.C.*

Given name added from a supplemental report

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

(27) Filed *Oct 19, 22* (28) *J. C. Outman* 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.