

McGAW OF COLUMBIA, COLUMBIA, S. C.
N. B. IN CASE OF TWINS OR TRIPLETS, FATHER, MOTHER, CHILD, AND OTHER, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
Township of Brushy Creek
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
40807

Registration District No. 302 Registered No. 123
(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 Jimmy David Nalley

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

(3) BOY OR GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE Dec 15, 22
BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Luther David Nalley
(9) PRESENT POSTOFFICE OF FATHER Easley, SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE Anderson Co., SC
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Ola Smith
(15) PRESENT POSTOFFICE OF MOTHER Easley, SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE Gorsyth Co., Pa.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. P. Pepper M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easley, SC, R#5.

Given name added from a supplemental report

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

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Registrar (27) Filed Jan 8, 1923 (28) J. B. Walker
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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