CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30563

(1) PLACE OF BIRTH

County of York

Township of York

or

Inc. Town of York

or

City of ..... Registration District No. 44-2 Registered No. 44
(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. Kneely Hale Nivens

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Sept.	18	23

FATHER.

(9) FULL NAME Hale Haile Nivens

(10) PRESENT POSTOFFICE OF FATHER York S. C.

(11) COLOR OR RACE White — AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE York Co. S. C.

(13) OCCUPATION Cotton Farming

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ela Jones

(15) PRESENT POSTOFFICE OF MOTHER York S. C.

(16) COLOR OR RACE White — (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE York Co. S. C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn) (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

....., 191....

.....
Registrar

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

(27) Filed Sept 22 1923 (28) Neal Parker
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.