

(1) PLACE OF BIRTH

County of DeeTownship of Wayneor
Inc. Town of Wayne
orCity of Wayne (No. 114 St. Wayne Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39578

Registration District No. 114 Registered No. 114

(For use of Local Registrar)

(2) Full Name of Child Jos. O. Kyles Nichols

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

(3) BOY OR GIRL? 2

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 25

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jos. Nichols(9) PRESENT POSTOFFICE OF FATHER Wayne S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Jessie Orr(16) PRESENT POSTOFFICE OF MOTHER Wayne S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 24

(Years)

(19) BIRTHPLACE Dee Co. S.C.(20) OCCUPATION Housewife(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 as born alive or stillborn (Born alive or stillborn) (Hour 11 A.M. or P.M.)
on the date above stated.(23) (Signature) Jos. O. Kyles Nichols(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wayne S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) File

2011-11-25

(28)

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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FIRST-BORN, No. 1, TIME OF BIRTH, No. 2, etc. in question 2.

Mc-CALL of Columbia.

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