

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

File No.—For State Register Only
39578

(1) PLACE OF BIRTH

County of Georgetown
Township of Wayne
or
Inc. Town of _____
or
City of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 7800 Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child Jessie Irene 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Josh Nichols
(9) PRESENT POSTOFFICE OF FATHER Met Union SC
(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 Met Union SC
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24
(Years)
(19) BIRTHPLACE Georgetown S.C.
(20) OCCUPATION Nurse
(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 at _____ (Born alive or stillborn) _____ (Hour _____ of P.M.) on the date above stated.

(23) (Signature) Jessie Nichols
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Met Union

Given name added from a supplemental report _____
1912 _____
Registrar

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)
(27) File 2011-1912 (28) Jessie Nichols 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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Form No. 1, State of South Carolina, Bureau of Vital Statistics, 1912. Printed at Columbia, S. C.

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