

(1) PLACE OF BIRTH

County of WilliamburgTownship of Kingor
Inc. Town of

City of

(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

9440

Registration District No. 4302 Registered No. 19
(For use of Local Registrar)(2) Full Name of Child Nesbit Munnis Indile

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(To be completed only in case of twins or triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Y. Fisdale

(9) PRESENT POSTOFFICE OF FATHER

Kingston 86

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

52
(Years)

(12) BIRTHPLACE

Williamburg

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

J. Craver F. Indile

(15) PRESENT POSTOFFICE OF MOTHER

Kingston 50

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

41
(Years)

(18) BIRTHPLACE

Darlington 9

(19) OCCUPATION

House wife

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jane X. Paul

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Kingston

Given name added from a supplemental report

(26) Witness

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

(27) Mar 2 1922 (28) J. B. Blackman
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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