

(If birth occurs in a hospital o

State Board of Health

83590

(2) Full Name of Child Mattie Sue Nesbitt } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct. 30, 1946</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James H. Nesbitt

(9) PRESENT POSTOFFICE OF FATHER 701som st Sumter SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 58 (Years)

(12) BIRTHPLACE

(13) OCCUPATION
Farmer

20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Jean

(15) PRESENT
POSTOFFICE Hobson st Sumter SC
OF MOTHER.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE
Sumter CO

(19) OCCUPATION
House Keeper

(21) Number of children of this mother
now living, including present birth } ... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) (25) Address of Physician or Midwife

(24) State whether Physician or Midwife *Sumter SC*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark) 16K

(27) Filed Nov 8 1916 (28) W. J. McKee Local Registrar

..... Registrant

*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.

FORM NO. 6. MARGIN REMOVED BY EDDIE HUNDING. IN THE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child. FIRST-BORN, NO. 1. THE OTHER, NO. 2. etc., in question 5.

McCaw, of Columbia.