

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campobello  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**91764**

Registration District No. 40-C Registered No. .... 219  
(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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 15, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Jno Nesbitt  
(9) PRESENT POSTOFFICE OF FATHER Inman S.C. R 4  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36  
(Years)  
(12) BIRTHPLACE Spartanburg Co., S.C.  
(13) OCCUPATION Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lula Drummond  
(15) PRESENT POSTOFFICE OF MOTHER Inman S.C. R 4  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
(Years)  
(18) BIRTHPLACE Spartanburg Co S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 13  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... born alive... at 12:30 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Geo E Thompson M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman S.C.

Given name added from a supplemental report

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

(27) Filed Dec 19 1916 (28) Eldridge 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.