

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No. For State Registrar Only

Charleston, S.C.

STATE OF SOUTH CAROLINA

3223-2

Bureau of Vital Statistics

Charleston, S.C.

State Board of Health

Registration District No. 90

Registered No. 1896

Place of

Charleston, S.C. (No. Roper-Hospital, Charleston, S.C.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

LL NAME OF CHILD Jesse William Nicholson

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

OR ☒ Twin or Triplet? 1. Number in order of birth 2. Are Parents Married? Yes 3. DATE OF BIRTH February 18 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

Jesse William Nicholson

SENT

OFFICE Chas, S.C. #47 Gadsden St.

OR White

11. AGE AT LAST BIRTHDAY

(Years)

PLACE

Texas -

OCCUPATION

Coast Guard Service

Number of children born to mother, including present birth

One

MOTHER

14. NAME BEFORE MARRIAGE Miss Lucy Smith

15. PRESENT POSTOFFICE OF MOTHER #47 Gadsden St, Charleston, S.C.

16. COLOR White OR RACE

17. AGE AT LAST BIRTHDAY 19 (Years)

18. BIRTHPLACE Canelton, Ga.

19. OCCUPATION Domestic,

21. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. (Born alive or stillborn) (Hour & Minute P.M.) the date above stated.

23. Signature R. L. McCrady

24. State whether Physician or Midwife Physician

25. Address of Physician or Midwife Charleston, S.C.

Name added from a supplemental report

26. Witness

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

27. Filed

3/8 28 J. M. Green MO Local Registrar

When broken even once it shall not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

Other City

31... (Registrar)

Word

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(Year)

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J.P. or P.M.

Knows