

(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

City of Charleston

(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. 41334

1998

Registration District No. 9 A Registered No. 126 Romney

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 case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age Parent Married <u>Yes</u>	(7) DATE BIRTH <u>Dec 23 98</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Norris Sanders Nevils(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Blackville S.C.(13) OCCUPATION Engineer(14) Number of children born to mother, including present birth Seventh

## MOTHER

(15) NAME BEFORE MARRIAGE Parcel Thomas(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 28 (Years)(19) BIRTHPLACE St. George, D.C.(20) OCCUPATION Wife(21) Number of children of this mother now living, including present birth Sixth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child born alive on the date above stated.(23) Signature of Physician or Midwife [Signature](24) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

[Signature]