(1) PLACE OF BIRTH

County of Greenville

Township of Chicora Twp

or

Inc. Town of Greenville

or

City of ..... (No. ..... St.; ..... Ward)

(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
72941

Registration District No. 2204 Registered No. 86
(For use of Local Reistrar)

(2) Full Name of Child. Thos Henry Nisbet Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL?~~

(4) Twin or Triplet? ✓

(5) Number in order of birth 8

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 1st 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos Henry Nisbet Jr.

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Asheville NC

(13) OCCUPATION Millwork

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Farmer

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Oconee SC

(19) OCCUPATION Domestic

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

(21) Number of children of this mother now living, including present birth { Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. S. Trowbridge

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 9/28 1916 (28) F. G. James (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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

FORM NO. 5.

McCaw, of Columbia.