

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg

Township of Providence

or  
Inc. Town of .....

or  
City of .....

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

(2) Full Name of Child George Nickens

File No.—For State Registrar Only

16049

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 4105 Registered No. 41  
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH May 4 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Nickens

(9) PRESENT POSTOFFICE OF FATHER Dagrell S.C. (R2)

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Moore

(15) PRESENT POSTOFFICE OF MOTHER Dagrell S.C. (R2)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 a.m.  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) Nannah P. Hartman (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Dagrell S.C.

Given name added from a supplemental report

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

(27) Filed May 12 1923 (28) J. B. Raffield  
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 still-born. No report is desired of stillbirths before the fifth month of pregnancy.