

(1) PLACE OF BIRTH

County of GreenvilleTownship of 11

or

Inc. Town of Brentwood

or

City of Brentwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18860

Registration District No. 71.0.0.0Registered No. 212
(For use of Local Registrar)(No. 11 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 Unnamed Nuby If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twins
or Triplets
To be answered only in event of Twins or Triplets(5) Number in order of birth 7(6) Are Parents Married Yes(7) DATE OF BIRTH Aug 19 1886
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John H. Nuby(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Ado.(13) OCCUPATION Preacher(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Tuby(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Ado.(19) OCCUPATION House Wife(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 alive at 4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. D. West(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 17 1886(28) 17(29) 1886(30) 1886(31) 1886(32) 1886(33) 1886(34) 1886

Registrar

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

REGD. BY COLUMBIA, COLUMBIA, S. C.