

PLACE OF BIRTH

County of

Blackwell

Township of

Blackville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63151

Registration District No. *504*Registered No. *39*

(For use of Local Registrar)

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

2) Full Name of Child *Josiah Nimons*

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

3) BOY <input checked="" type="checkbox"/> <i>boy</i>	4) Twin or Triplet? <input checked="" type="checkbox"/>	5) Number in order of birth <i>1</i>	6) Are Parents Married? <input checked="" type="checkbox"/> <i>Yes</i>	7) DATE OF BIRTH <i>June 13 1916</i>
				191-6 (Year)

FATHER

8) FULL NAME *Norah Nimons*

9) PRESENT POSTOFFICE OF FATHER *(Blackville, S.C., R. F. D.)*

10) COLOR OR RACE *Colored*

11) AGE AT LAST BIRTHDAY *20* (Years)

12) BIRTHPLACE *S. C.*

13) OCCUPATION *Farm Hand*

14) Number of children born to mother, including present birth *One*

MOTHER

14) NAME BEFORE MARRIAGE *Sally Dantam*

15) PRESENT POSTOFFICE OF MOTHER *(Blackville, S.C., R. F. D.)*

16) COLOR OR RACE *Colored*

17) AGE AT LAST BIRTHDAY *19* (Years)

18) BIRTHPLACE *S. C.*

19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 A.* M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Sarah Dantam*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Blackville, S.C., R. F. D.*

Given name added from a supplemental report

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

(27) Filed *June 13, 1916* (28) *E. S. Hammond* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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 SUPPLEMENTAL REPORTS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE CHILD BY NUMBER. FIRST BORN, NO. 1, THE OTHER, NO. 2, ETC.