

Fill in this space for each child, and make the same for the other, No. 2, etc., in question 2.

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Lowes  
 Inc. Town of .....  
 City of .....  
 (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  
**37481**

Registration District No. 3603 Registered No. 275  
 (For use of Local Registrar)

(2) Full Name of Child Clinton Nickle If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 29, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William James Nickle</u>			(14) NAME BEFORE MARRIAGE <u>Charles Alston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hopkins P. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hopkins P. C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>negro</u>		
(12) BIRTHPLACE <u>P. C.</u>	(13) OCCUPATION <u>Lab. work</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(18) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>2</u>			(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Charles Alston  
 (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Hopkins P. C.

Given name added from a supplemental report

(24) Witness Mrs. J. D. Gorman  
 (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed 12/10/23 (26) 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.