

(1) PLACE OF BIRTH

County of **Charleston**

Township of .....

or  
In Town of .....City of **Charleston, S.C.**

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

(2) Full Name of Child **Charles Nesbitt**

(If child is not yet named, make supplemental report as soon as named.)

☐ SEX **M**    ☐ Fetus **X**    ☐ Stillborn **X**    ☐ Yes ☐ No    ☐ Date of Birth **18-1925**  
 (Name of Mother) (Sex) (Time)

FATHER		MOTHER	
(1) NAME	<b>Sam Nesbitt</b>	(1) NAME	<b>George Gibbs</b>
(2) RESIDENT ADDRESS OF FATHER	<b>50 Calhoun</b>	(2) RESIDENT ADDRESS OF MOTHER	<b>50 Calhoun</b>
(3) COLOR <b>C</b>	(3) AGE AT BIRTH <b>23</b>	(3) COLOR <b>C</b>	(3) AGE AT BIRTH <b>18</b>
(4) BIRTHPLACE	<b>Charleston</b>	(4) BIRTHPLACE	<b>Charleston</b>
(5) OCCUPATION	<b>laborer</b>	(5) OCCUPATION	<b>domestic</b>
(6) Number of children born to mother, including present one	<b>2</b>	(6) Number of children of this mother	<b>2</b>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was **born alive**.....**as S. A. M.**  
(Born alive or stillborn) (How A. M. or P. M.)  
on the date above stated.(19) (Signature) **Abbie J. Marsh**(20) State whether Physician or Midwife  
**mid-wife**(21) Address of Physician or Midwife  
**21 Marsh**

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question is in doubt)

(23) Filed **19-1925** Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
 If a child is born even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.