

(1) PLACE OF BIRTH

County of Worcester
 Township of Motts
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4158

Registration District No. 2012 Registered No. 11
 (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 Jessie Nero, Jr.

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

(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 Feb. 8, 1932
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Nero

(9) PRESENT POSTOFFICE OF FATHER Lake City, SC #1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
 (Year)

(12) BIRTHPLACE So. Car.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth DoBeau

(15) PRESENT POSTOFFICE OF MOTHER Lake City, SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29
 (Year)

(18) BIRTHPLACE So. Car.

(19) OCCUPATION Domestic

(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 8 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Burnett McKay

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City, SC #1

Given name added from a supplemental report

(26) Witness A. J. Keller
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 11, 1932 (28) A. J. Keller 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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.