

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

Vol. 44-36213

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____City of Columbia, S.C.Registration District No. 38ARegistered No. 1827

(For use of Local Registrar)

(No. 923 Elmwood Avenue

St. _____

Ward _____

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

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

2. FULL NAME OF CHILD Clyde James Nettles1. BOY OR
GIRL

Boy

4. Twin or
Triplets?5. Number in order
of birth6. Are
Parents
Married? Yes7. DATE OF BIRTH
October 9

(Name of Month) (Day)

22
(Year)

FATHER

8. FULL NAME John James Nettles9. ADDRESS AT
CHILD'S BIRTHColumbia, S.C.10. COLOR
OR
RACEWhite11. AGE AT CHILD'S
BIRTH 22
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Salesman20. Number of children born to
mother, including present birth114. NAME BEFORE
MARRIAGE Mary Virginia Evans15. ADDRESS AT
CHILD'S BIRTHColumbia, S.C.16. COLOR
OR
RACE White17. AGE AT CHILD'S
BIRTH 21
(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Housewife21. Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was alive at 5:40 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Jane Brown

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

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

27. Filed

11-519 22

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E. C. McGregor

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.