

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11948

County of

Township of

or
Inc. Town ofor
City of

Registration District No. 40-a

Registered No. 136

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Frank Nicholas Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 14, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Nicholas(9) PRESENT POSTOFFICE OF FATHER 13 r Forest Rd(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE N.C.(13) OCCUPATION Barber(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Etta Brooks(16) PRESENT POSTOFFICE OF MOTHER same(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 24 (Year)(19) BIRTHPLACE N.C.(20) OCCUPATION Domestic & Trained Nurse(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Coker

(24) State of South Carolina Physician or Midwife

(25) Address of Physician or Midwife Spokane, Oc.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5-1- 1928 (28) Jas Coker 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.

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