

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

(1) PLACE OF BIRTH
County of Spartanburg
Township of
OR
Inc. Town of
OR
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 4008 Registered No. 211
(For use of Local Registrar)
(2) Full Name of Child Bernice M. Nichols If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>—</u>	5) Number in order of birth <u>7</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 22, 22</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Imm. K. Nichols</u>			14) NAME BEFORE MARRIAGE <u>Ada Dixon</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12) BIRTHPLACE <u>Greenville Co. S.C.</u>			18) BIRTHPLACE <u>Cleveland Co. N.C.</u>	
13) OCCUPATION <u>mill operator</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>7</u>			21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. M. Nelson, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 25 is signed by mark)
(27) Filed July 21, 1922 (28) Wm. F. Parker 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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