

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**84618**

or  
Inc. Town of ..... Registration District No. 9A Registered No. 1275  
(For use of Local Registrar)  
or  
City of Charleston (No. 24 Pine St St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Vardell Nesbit } 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? no (7) DATE OF BIRTH Nov 2 '16  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Unknown  
(9) PRESENT POSTOFFICE OF FATHER DK  
(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY DK (Years)  
(12) BIRTHPLACE DK  
(13) OCCUPATION DK  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lucia Nesbit  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C. 29015  
(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Lincolnton S.C.  
(19) OCCUPATION none  
(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 alive at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arnie Nelson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 93 1/2 Queen

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 11/16/16 191..... (28) ..... 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 BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—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.

McGraw-Hill of Columbia

Filed 11/13/16, 19.....  
Cor. 2/2/39 Registrar Leon Barov, M.D. Reg.