

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

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

(2) Full Name of Child

James Herbert Nolan Jr.

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

10-29-1922
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

James Herbert Nolan

(9) PRESENT POSTOFFICE OF FATHER

Columbia V.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

55
(Year)

(12) BIRTHPLACE

Charleston V.C.

(13) OCCUPATION

Minister

(14) NAME BEFORE MARRIAGE

Alice Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Columbia V.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

42
(Year)

(18) BIRTHPLACE

Penn.

(19) OCCUPATION

House W.

(21) Number of children of this mother now living, including present birth

1

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-31-1922

*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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CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only

38203

Registration District No. 38a Registered No. 1517
(For use of Local Registrar)

(No. 1314 Lady St. 2nd Ward)
(If child is not yet named, make supplemental report as directed)

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

DATE OF BIRTH 10-29-1922
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CERTIFICATE OF BIRTH
SOUTH CAROLINA CONFERENCE
SOUTHEASTERN JURISDICTION OF THE METHODIST CHURCH
J. HUBERT NOLAND, CONFERENCE TREASURER
(COLLEGE PLACE), COLUMBIA, S. C.

File No. — For State Registrar Only

To the Bureau of Vital Statistics
South Carolina Board of Health Department
Columbia, S.C.

THIS IS TO CERTIFY that the correct spelling of the surname which is shown on record in your office in Birth Certificate Number 36,203, Vol. 44, File 1922 is not "N-O-L-A-N" as there recorded, but "N-O-L-A-N-D".

The recording is otherwise correct for our son, JAMES HUBERT NOLAND, who was born October 23, 1922, in the city of Columbia, S.C.

That has been the one spelling of our family name for generations.

J. Hubert Noland
J. Hubert Noland
(Father of James Hubert Noland)

*Signed before me
this 6th day of
June 1941
D M Caston
M.P.*

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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.