

## (1) PLACE OF BIRTH

County of OconeeTownship of Chattoogaor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74090

Registration District No. 3501 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Thomas Beak Nicholson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>one</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 14, 1914</u> (Name of Month) (Day) (Year)
-----------------------------	--------------------------------------------------------------------------------------	-----------------------------------------	-------------------------------------	------------------------------------------------------------------------

## FATHER.

(8) FULL NAME James F. Nicholson(9) PRESENT POSTOFFICE OF FATHER Wtn Rest S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Oconee S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Primicellie Bottoms(15) PRESENT POSTOFFICE OF MOTHER Wtn Rest S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Oconee S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Mattie Phillips(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wtn Rest S.C.

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 Aug. 24, 1914 (28) W R Hunt 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.

Caw. of Columbia.