

(1) PLACE OF BIRTH

County of *Sumner*Township of *Fair*or
Inc. Town ofor
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

Registration District No. *2903*Registered No. *48*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

John Harrison Nabors

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

(3) SEX OR CHILD <i>boy</i>	(4) Type or Trade <i>In business as a child of Farm & Home</i>	(5) Number in order of birth	(6) Age in years <i>0</i>	(7) DATE OF BIRTH <i>Dec 23 1923</i> (Month of Birth) (Day) (Year)
(8) FATHER <i>Harrison Nabors</i>			(9) MOTHER <i>Effie Duckett</i>	
(10) HOME ADDRESS <i>Clinton S.C.</i>			(11) HOME ADDRESS <i>Clinton S.C.</i>	
(12) COLOR of skin <i>White</i>			(13) COLOR of hair <i>White</i>	
(14) BIRTHPLACE <i>Clinton S.C.</i>			(15) BIRTHPLACE <i>Clinton S.C.</i>	
(16) OCCUPATION <i>farmer</i>			(17) OCCUPATION <i>house wife</i>	
(18) Number of children born to mother, including present birth <i>7</i>			(19) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (Bear A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

Midwife

(23) Address of Physician or Midwife

*Mandeville Springs*Given name added from a supplement-
al report

(24) Witness

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

(25) Date

Dec 23 1923

(26) Local Registrar

Dec 23 1923

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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