

## (1) PLACE OF BIRTH

County of MarionTownship of Reynoldsor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

35537

Registration District No. 3705Registered No. 76  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Eleanor Nichols

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan 25 1914  
(Sign of Month) (Day) (Year)

## FATHER.

(9) FULL NAME Eugene Nichols(10) PRESENT POSTOFFICE OF FATHER Mullins(11) COLOR OR RACE 12 (11) AGE AT LAST BIRTHDAY 36  
(Year)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Madeline Hayes(15) PRESENT POSTOFFICE OF MOTHER Mullins(16) COLOR OR RACE 13 (17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Aring X Hayes(24) State whether, Physician or Midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(26) Witness H M Schreffler  
(Signature of Witness necessary only when question 23 is signed "mark")(27) Filed Oct 30 1914 (28) H M Schreffler 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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