

## (1) PLACE OF BIRTH

County of Pickens Co., S.C.Township of Union

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19866

Registration District No. 3707Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Pearline Nabors

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 21(6) Are Parents Married? Yes(7) DATE OF BIRTH June 13, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Nabors(9) PRESENT POSTOFFICE OF FATHER Pickens Co. R. #4(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Ellenburg(15) PRESENT POSTOFFICE OF MOTHER Pickens Co. R. #4(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Curtis Nabors(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens Co. #4

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed June 20, 1922(28) C. L. Smith

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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