

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town

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

34351

Registration District No. 26-A

Registered No. 340

(For use of Local Registrar)

(2) Full Name of Child

John Robert Nicksa Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 20, 1922

(8) FULL NAME

John Robert Nicksa

(9) PRESENT POSTOFFICE OF FATHER

Florence S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Florence S.C.

(13) OCCUPATION

Metal worker

(14) NAME BEFORE MARRIAGE

Lennie Farmer

(15) PRESENT POSTOFFICE OF MOTHER

Florence S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Wilson, N.C.

(19) OCCUPATION

Housewife

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

3

(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... alone... on the date above stated.

at 11:00 P.M. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(25) Witness

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

(26) Filed

10-21-22

(27)

P. A. Brigham

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.

FIRST-BORN NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

MEDIAN OF COLUMBIA, COLUMBIA, S. C.