

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 8.  
McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		43059	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Greenville</u>		State Board of Health			
City of <u>Greenville</u>		Registration District No. <u>2209</u>		Registered No. <u>716</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>27</u> )		(For use of Local Registrar)	
(2) Full Name of Child <u>Beil Clayton Nichols</u>		St.: <u>7th</u> Ward		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12 1 1915</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Clayton Nichols</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Lee Hudgen</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. 27 7th St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. 27 7th St.</u>		
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>N.C.</u>			(16) COLOR OR RACE <u>White</u>		
(13) OCCUPATION <u>Mill operator</u>			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(20) Number of children born to mother, including present birth <u>3</u>			(18) BIRTHPLACE <u>Greenville Co., S.C.</u>		
			(19) OCCUPATION <u>seamstress</u>		
			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>C. J. Hiles</u>					
(24) State whether Physician or Midwife <u>physician</u>					
(25) Address of Physician or Midwife <u>Greenville S.C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Dec 12 1915</u> (28) <u>A. H. Mack</u> 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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