

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

43059

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of Norfolk
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209

Registered No. _____
(For use of Local Registrar)

(2) Full Name of Child Beil Clayton Nichols

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? _____ (5) Number in order of birth _____
(To be entered only in case of loss or injury) (6) Are Parents Married? Y (7) DATE OF BIRTH 12 1 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Clayton Nichols

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Lee Judgen

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. 27 7th St

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 27 7th St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE N.C.

(18) BIRTHPLACE Greenville Co., S.C.

(13) OCCUPATION Mill operator

(19) OCCUPATION seamstress

(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 born alive at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. Shiles M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife physician Greenville S.C.

Given name added from a supplemental report

Registrar

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

(27) Filed Dec 12 1915 (28) A. H. Mack
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.

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 5. McCaw, of Columbia.

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.