

Form No. 1.

## (1) PLACE OF BIRTH

County of Greenville  
 Township of O'Neal

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90145

Inc. Town of ..... Registration District No. 2213 Registered No. 89  
 (For use of Local Registrar)  
 City of ..... (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 Andrg. Nit { If child is not yet named, make supplemental report as directed

|                                 |  |                              |  |   |
|---------------------------------|--|------------------------------|--|---|
| (3) BOY OR GIRL?<br><u>Girl</u> | (4) Twin or Triplet?<br><small>To be answered only in case of Twin or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married?<br><u>yes</u> | (7) DATE OF BIRTH<br><u>Dec. 14/1916</u><br><small>(Name of Month) (Day) (Year)</small> |
|---------------------------------|--|------------------------------|--|---|

## FATHER.

(8) FULL NAME Homer T. Ni  
 (9) PRESENT POSTOFFICE OF FATHER Taylor & C. R. #1  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(Years)  
 (12) BIRTHPLACE Greenville Co. S.C.  
 (13) OCCUPATION Farmwork  
 (20) Number of children born to mother, including present birth { 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Springfield  
 (15) PRESENT POSTOFFICE OF MOTHER Taylor & C. R. #1  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Years)  
 (18) BIRTHPLACE Greenville Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Irwin  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Taylor & C. R. #1

Given name added from a supplemental report

Mar. 21, 1927  
E. Wallace  
Co. B. U.S. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 7, 1917 (28) Albert W. Hever  
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.