

(1) PLACE OF BIRTH

County of Dillon.....
 Township of Hillsboro.....

or
 Inc. Town of Lake View & C.

or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72420

Registration District No. 16.0.3 Registered No. 130
 (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 Julius Nance { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?
Boy

(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH August 4th 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Nance

(9) PRESENT POSTOFFICE OF FATHER

Nichols, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Birther Bridget

(15) PRESENT POSTOFFICE OF MOTHER

Nichols

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE

Marion, Co. S.C.

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive..... at 12 O'clock...M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Wall.....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Nichols, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness H. H. Bailey.....
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/17...1916 (28) H. H. Bailey.....
 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.

MARGIN RESERVED FOR BINDING. 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.

McCaw, of Columbia.