CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 3133

(1) PLACE OF BIRTH

County of Bamberg
Township of Buford's Bridge
or
Inc. Town of Govan
or
City of SC

Registration District No. 401 Registered No. 17 (For use of Local Registrar)

(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 Albertha Nimmons — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl
(4) Twin or Triplet? 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 Feb 12 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Alvin Nimmons	(14) NAME BEFORE MARRIAGE	Bammah Crawford
(9) PRESENT POSTOFFICE OF FATHER	Govan SC	(15) PRESENT POSTOFFICE OF MOTHER	Govan SC
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	farmer	(19) OCCUPATION	farm laborer
(20) Number of children born to mother, including present birth	1	(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 born alive (Born alive or stillborn) at 10 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie Washington
(24) State whether Physician or Midwife: midwife
(25) Address of Physician or Midwife: Govan

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2-18 1922 (28) J. E. Bennett
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.