

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

46029

(1) PLACE OF BIRTH

County of DillonTownship of HillsboroInc. Town of Nichols, S.C.

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 16.03 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Ella Jane Nance

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 Twin or Triplet's

(5) Number in order of birth 5(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan, 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hanes Nance

(9) PRESENT POSTOFFICE OF FATHER

Nichols, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE

Dillon Co, S.C.

(13) OCCUPATION

Farming

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

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Willie Ford

(15) PRESENT POSTOFFICE OF MOTHER

Nichols, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE

Dillon Co, S.C.

(19) OCCUPATION

Housewife

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive... at 10.00 clock P.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. L. S. Wall

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

MidwifeNichols S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed Jan 24, 1916

(28)

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 3. McCaw, of Columbia.