

MARGIN RESERVED FOR INDEX

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 2.

RECORD OF COLUMBIA, COLUMBIA, D. C.

Form 1-4

(1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of  
 or  
 City of

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

File No.—For State Registrar Only  
**2790**

Registration District No. 4465 Registered No. 12  
 (For use of Local Registrar)

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

(2) Full Name of Child Jack Nevins

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2 1935  
 (Time of Month) (Day) (Year)

FATHER

(8) FULL NAME Jackson Nevins  
 (9) PRESENT POSTOFFICE OF FATHER York, SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE York Co.  
 (13) OCCUPATION Jackie Worker  
 (20) Number of children born to mother, including present birth 1 3

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Porter  
 (15) PRESENT POSTOFFICE OF MOTHER York SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Union Co.  
 (19) OCCUPATION Jackie Worker  
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip W. Wrenn  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, SC

Given name added from a supplemental report

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

(27) Filed Jan 2 1935 (28) Philip W. Wrenn

\*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.

REGISTRAR Local Registrar  
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