

PLACE OF BIRTH
City of Charleston

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

File No. — For State Register Only

480

88

County of

In Town of

City of Charleston

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

(2) Full Name of Child Roderick Jean Nichols

Registration District No.

Sanctuary No. (For use of Local Registrar)

(No. of Ward)

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

(1) SEX Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age of Parent Married?

(7) DATE OF BIRTH Jan 21 1923
(Month of Birth) (Day) (Year)

(8) FULL NAME OF FATHER William B. Nichols

(9) PRESENT RESIDENCE OF FATHER 126 Romney St. Charleston, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Massachusetts

(13) OCCUPATION artist.

(14) Number of children born to mother, including present birth 9

(14) NAME BEFORE MARRIAGE Miss Marya Martyn

(15) PRESENT RESIDENCE OF MOTHER 126 Romney St. Charleston, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Nova Scotia

(19) OCCUPATION domestic.

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 520 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) J. J. Noels, M.D. Charleston, S.C.

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

Given name added from a supplemental report

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

(27) Filed 1/29 1923 (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.

FILED