

PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 10. - For use in South Carolina

1. PLACE OF BIRTH

County of Charleston
 Township of Charleston
 In Town of Charleston
 City of Charleston

2. FULL NAME OF CHILD

Julia Rebecca Nevill

Registered No. 1863

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

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

1. SEX OF CHILD Girl 2. DATE OF BIRTH Nov. 8th, 1928
 (Month) (Day) (Year)

FATHER
 4. FULL NAME George Andrew Nickles
 5. PRESENT RESIDENCE 14 New St. City
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32
 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Minister
 20. Number of children born to mother, including present birth 3

MOTHER
 14. NAME BEFORE MARRIAGE Julia Rebecca Nevill
 15. PRESENT RESIDENCE 14 New St. City
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 32
 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Wife
 21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23. Signature G. F. Wilson, M.D.
 24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife

Given name added from a supplemental report
 19. _____

26. Witness (Signature of Witness necessary only when question 25 is signed by mother)
 27. Filed 11:22/28 19 28 J. M. Green, M.D.

*When there was no attending physician or midwife, then the name of the mother must be given. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born out of the womb of pregnancy.

RE - 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 1.