

## (1) PLACE OF BIRTH

County of

Township of

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

89111

Registration District No. 1205

Registered No. 133

(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 Walter Lawrence Nicholson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(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 Nov 1 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lake Nicholson

(9) PRESENT POSTOFFICE OF FATHER

Mt. Croghan S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Bennette

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Croghan S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

17  
(Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Housewife

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

1

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

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charity Cantor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Mt. Croghan S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

R.T. Rivers

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.