

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 make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Greenwood, S.C.  
 Township of Wethersburg  
 OR  
 Inc. Town of .....  
 OR  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**34829**

Registration District No. 2314

Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child Junior Wm. Nabors

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 May 23 1932  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Alvin Nabors  
 (9) PRESENT POSTOFFICE OF FATHER Ware Church  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Washington, D.C.  
 (13) OCCUPATION Mill work  
 (20) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Mollie Bromblet  
 (15) PRESENT POSTOFFICE OF MOTHER Ware Church  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Ga  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report  
19-39  
Martin B. Woodward, M.D.,  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 19 (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.