

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

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 STATE OF SOUTH CAROLINA.
 County of *Cherokee* Bureau of Vital Statistics
 Township of *Mt. Croghan* State Board of Health
 OF
 Inc. Town of Registration District No. *205*
 OF Registered No. *114*
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
89108

(2) Full Name of Child *Willie Nivens* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE BIRTH *Mar 17* 191*6*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Robert Nivens*
 (9) PRESENT POSTOFFICE OF FATHER *Ruby S.C.*
 (10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *30* (Years)
 (12) BIRTHPLACE *Cherokee Co. S.C.*
 (13) OCCUPATION *Laborer*
 (20) Number of children born to mother, including present birth } *8*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Juno Sellers*
 (15) PRESENT POSTOFFICE OF MOTHER *Ruby S.C.*
 (16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *40* (Years)
 (18) BIRTHPLACE *Cherokee Co. S.C.*
 (19) OCCUPATION *Laborer*
 (21) Number of children of this mother now living, including present birth } *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *2* *A.* M., on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) *Phillips Sellers*
 (24) State whether Physician or Midwife (Address of Physician or Midwife)
Midwife Ruby S.C.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness *J. F. Crawley*
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled *191* (28) *J. 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.

FORM NO. 1 MAINLY RESERVED FOR PRINTING
 PRINTED CLEARLY WITH UNFADING INK
 U. S. DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 WASHINGTON, D. C.
 McCaw of Columbia