

(1) PLACE OF BIRTH CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Cherokee
 Township of McGregor
 Inc. Town of
 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

89108

Registration District No. 205 Registered No. 114
 (For use of Local Registrar)

(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 4 1916
 (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. (Hour A. M. or P. M.)

(23) (Signature) Phillips Sellers
 (24) State whether Physician or Midwife, and Address of Physician or Midwife

Midwife Ruby S.C.
 (26) Witness J. T. Rivers
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 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 UNIFORMITY. THIS IS A STANDARD FORM.
 U. S. IN CASE OF TWINS OR TRIPLETS, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 McCaw of Columbia