

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Bethany  
 or  
 Inc. Town of Walter  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3978

Registration District No. 1506 Registered No. 8  
 (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 Grace Louise Nichols If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-9-22  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>W. S. Nichols</u>	(14) NAME BEFORE MARRIAGE <u>Maude Retha</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Walter</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Walter</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Walter</u>	(16) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(10) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>Dillon Co</u>	(18) BIRTHPLACE <u>Dillon Co</u>	(19) OCCUPATION <u>Wife</u>
(11) AGE AT LAST BIRTHDAY <u>23</u>	(19) OCCUPATION <u>Wife</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(12) BIRTHPLACE <u>Dillon Co</u>			
(13) OCCUPATION <u>Wife</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) Thereby certify that I attended the birth of this child, who was born at 3 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Nichols(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Walter

Given name added from a supplemental report

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

(27) Filed 3/20 1922 (28) W. J. Rogers 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.

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