

(1) PLACE OF BIRTH

County of Carleton
Township of Stony Grove
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

3789

Registration District No. 1316... Registered No. 4...
(For use of Local Registrar)

(2) Full Name of Child: Brian Mack Nicks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>yep</i>	(7) DATE OF BIRTH <i>Feb. 12, 1922</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME	Thomas Miles	(14) NAME BEFORE MARRIAGE	Olivia Floyd
(9) PRESENT POSTOFFICE OF FATHER	Lake City, SC #1	(15) PRESENT POSTOFFICE OF MOTHER	Lake City, SC #1
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	39 (Years)	(17) AGE AT LAST BIRTHDAY	38 (Years)
(12) BIRTHPLACE	So. Car.	(18) BIRTHPLACE	So. Car.
(13) OCCUPATION	Farming	(19) OCCUPATION	Domestic
(20) Number of children born to mother including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Smith, M.D.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City, Fla.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 20 1922. (28) E. H. M. F. Adlin.
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.