

## (1) PLACE OF BIRTH

County of York  
 Township of Union  
 or  
 Inc. Town of Chloride  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

No. 14- For this higher city

38102

Registration District No. 4407Registered No. 147  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ralph H. Nichols If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Type of Triplet

To be answered only in case of Triplets

(5) Number in order of birth

(6) Age from Mother

(7) DATE OF BIRTH

11 14 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Miss Adin K. K. K.

(9) PRESENT POSTOFFICE OF FATHER

Chloride

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

NC

(13) OCCUPATION

Self work

(14) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Edith A. Little Maxwell

(15) PRESENT POSTOFFICE OF MOTHER

Chloride

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

NC

(19) OCCUPATION

House wife

(20) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 1:23 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

L. S. Nichols

(23) State whether Physician or Midwife

MD

(24) Address of Physician or Midwife

Chloride

Given name added from a supplemental report

Janie L. L. L.  
Jan 25 1923

(25) Witness

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

(26) Filed

1-15-23

(27)

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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