

Form No. 1

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - for State Registrar Only  
**22056**

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of City  
 or  
 Inc. Town of .....  
 or  
 City of .....

Registration District No. 36-a Registered No. 115  
 (For use of Local Registrar)

(2) Full Name of Child Nelson Staley (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH Month <u>July</u> Day <u>23</u> Year <u>1923</u>
(8) FULL NAME OF FATHER <u>Jeff Staley</u>			(14) NAME BEFORE MARRIAGE <u>Pearl Hiddle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orbg. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orbg. S.C.</u>	
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>col</u>		
(12) BIRTHPLACE <u>Orbg. S.C.</u>	(17) BIRTHPLACE <u>Orbg. S.C.</u>			
(13) OCCUPATION <u>Public Laborer</u>	(18) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child who was alive at 4-30 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour & M. P. M.)

(23) (Signature) Paul Reed  
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Orbg. S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by M.A.R.)  
W.H. Butler

(27) Filed July 20 1923 (28) Local Registrar

\*When there was no attending physician or midwife, 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.