

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of City  
 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  
**22056**

Registration District No. 36-A Registered No. 115  
 (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 Nelson Staley 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 <u>July 23</u> (Month of Month) (Day) (Year)
(8) FULL NAME <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> (Year)	(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 on the date above stated.  
 (Born live or stillborn) (Hour & M. 4-PM)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed July 20 1923

(28) 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.