

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH  
 County of Marion  
 Township of Marion  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

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

File No.—For State Registrar Only  
**39355**

Registration District No. 32A Registered No. 105  
 (For use of Local Registrar)

(2) Full Name of Child Herbert Nichols (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 22, 1922  
 (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Willie Ross  
 (9) PRESENT POSTOFFICE OF FATHER Marion S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY — (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 2

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Alberta Nichols  
 (15) PRESENT POSTOFFICE OF MOTHER Marion S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE Marion Co S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed Dec 10, 1922 (28) Lena Montgomery 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.

Registrar (29) Filed Dec 10, 1922 (30) Lena Montgomery Local Registrar.

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