(1) PLACE OF BIRTH

County of Florence

Township of Mechanic

or

Inc. Town of Lamesa

or

City of Lamesa

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46235

Registration District No. 2211 Registered No. 21

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Jane Nettles

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin ~~[illegible]~~ To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 1 6 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Nettles

(9) PRESENT POSTOFFICE OF FATHER Lamesa

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Florence Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Howard

(15) PRESENT POSTOFFICE OF MOTHER Lamesa

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Florence Co

(19) OCCUPATION Dom.

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Agnes James

(24) State Whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Lamesa S C

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness W H Simmons (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/6/1916 (28) W H Simmons 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.

Form No. 10. McCaw, of Columbia.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INK AND PEN.

N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK for each child.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.