

Form No. 1.

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Cherry  
 or  
 Inc. Town of Batesburg  
 or  
 City of \_\_\_\_\_

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

File No.—For State Registrar Only  
90765

Registration District No. 31-A Registered No. 130  
 (For use of Local Registrar)

City of \_\_\_\_\_ 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 Joseph Barney Nables } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Dec 1</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME George Washington Nables  
 (9) PRESENT POSTOFFICE OF FATHER Batesburg S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)  
 (12) BIRTHPLACE Chilston, Ala  
 (13) OCCUPATION Police

**MOTHER.**

(14) NAME BEFORE MARRIAGE Almyra  
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Faxington Co.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth { 5 }  
 (21) Number of children of this mother now living, including present birth { 4 }

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

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

(23) (Signature) George W. Nables  
 (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 Jan 3 1917 (28) S. J. Attman 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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 5.  
 McCraw, of Columbia.