

(1) PLACE OF BIRTH

County of Anderson
Township of Pendleton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

84289

Inc. Town of Registration District No. 310 Registered No. 101
(For use of Local Registrar)

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

(2) Full Name of Child. Edith Jeannette Nimmons child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 13 1916
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME T. J. Nimmons(9) PRESENT POSTOFFICE OF FATHER Autun, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Georgetown, S.C.(13) OCCUPATION Mill Work(20) Number of children born to mother, including present birth OneMOTHER.
(14) NAME BEFORE MARRIAGE Sallie O'Bar(15) PRESENT POSTOFFICE OF MOTHER Autun, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. M. Watkins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Pendleton, S.C.

Given name added from a supplemental report

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

(27) Filed 12-10-1916 (28) H. W. Seawright 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.