

(1) PLACE OF BIRTH  
 County of York  
 Township of Summerville  
 or  
 Inc. Town of Summerville  
 or  
 City of Summerville

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

File No.—For State Registrar Only

46283

Registration District No. 22 A Registered No. 17  
 (For use of Local Registrar)  
304 Hampton Ave St.; Summerville Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Lee Nettles } If 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 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Jan 9 1916  
(To be answered only in case of Twins or Triplets) (Month of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Lucian C Nettles  
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (12) BIRTHPLACE Manning, N.C.  
 (13) OCCUPATION Printer  
 (20) Number of children born to mother, including present birth one

MOTHER.  
 (14) NAME BEFORE MARRIAGE Hilda Shannon  
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Tappan, N.C.  
 (19) OCCUPATION Domestic  
 (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 alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L.C. Bunn  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician City

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled Jan 25 1916 (28) W. Smith 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.  
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McCaw, of Columbia.  
 At the 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.  
 MAIL RECEIVED FOR LINDSEY  
 WITH SLIPPER WITH STAMPING IT—THE  
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