

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....City of *Summerville*

(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

46283

Registration District No. *22 A* Registered No. *17*

(For use of Local Registrar)

St.; ..... Ward)

(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* 191*6*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Lucian C Nettles*(9) PRESENT POSTOFFICE OF FATHER *Greenfield S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25* (Years)(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 Hammar*(15) PRESENT POSTOFFICE OF MOTHER *Greenfield S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)(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. Smith*

(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) Filed *Jan 25 1916*(28) *L. C. 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.

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MAILED RECEIVED FOR THE

WITH PLACES FOR

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.