

Form No. 1

(1) PLACE OF BIRTH

County of RichTownship of Bishopville

or

Inc. Town of

or

City of

(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

Registration District No. 3000 Registered No. 29

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child John James

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

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>July 23 1928</u>
FATHER			MOTHER	
(8) FULL NAME	(14) NAME BEFORE MARRIAGE			
<u>John Nickman</u>	<u>Dora Fisher</u>			
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER			
<u>Bishopville #2</u>	<u>Bishopville #2</u>			
(10) COLOR OR RACE	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY		
<u>W</u>	<u>W</u>	<u>50</u>	<u>along</u>	
(12) BIRTHPLACE	(18) BIRTHPLACE			
<u>Rich</u>	<u>Rich</u>			
(13) OCCUPATION	(19) OCCUPATION			
<u>Farm</u>	<u>Domestic</u>			
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth			
<u>11</u>	<u>9</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 9 A. M. on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)(23) (Signature) John D. Dyer

(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 July 4 19 28 Rich 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.

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

Bureau of Columbia, Columbia, S. C.