

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Cole Mill
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
3677

Registration District No. 1303Registered No. 7
(For use of Local Registrar)

(No. 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 Jamie M. Nair (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14 1923</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Daniel Malcolm McNair</u>			(14) NAME BEFORE MARRIAGE <u>Nellie Douglass</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Patrick SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Patrick SC</u>	
(10) COLOR OR RACE <u>Caucasian</u>			(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)	
(12) BIRTHPLACE <u>Chesterfield Co.</u>			(18) BIRTHPLACE <u>Chesterfield Co.</u>	
(13) OCCUPATION <u>Mail Carrier</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>(9) nine</u>			(21) Number of children of this mother now living, including present birth <u>(9) nine</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P.M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry B. Barragan M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Patrick SC

Given name added from a supplemental report

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

(27) Filed Mar 10 1923 (28) J. A. L. Davis 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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