

(1) PLACE OF BIRTH

County of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34812

Township of

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.)

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Donald Earl Nickels

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

—

(5) Number in order of birth

—

To be answered only in event of twins or triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

December 6, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Perry Nickels

(9) PRESENT POSTOFFICE OF FATHER

Marine Barracks
Parris Island S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Chicago Ill.

(13) OCCUPATION

marine -

(14) Number of children born in mother, including present birth

one

(14) NAME BEFORE MARRIAGE

Ruth Antoinette Casperson

(15) PRESENT POSTOFFICE OF MOTHER

Marine Barracks
Parris Island S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

New Orleans, La.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 12:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

James P. Henderson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

PhysicianParris Island S.C.

(25) 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

12/14/23

(28)

Wm. J. Black

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.

before the fifth month of pregnancy.

FIRST-BORN N. No. 1. THIS OTHER, No. 2, etc., in question 1.