

Form No. 1.

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

91554

Registration District No. 38ARegistered No. 1633

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

George Modlin Niggle

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

(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12</u> <u>18</u> <u>1916</u>
				(Name of Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME Carl Joseph Niggle(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Ill.(13) OCCUPATION Contractor(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret E. Modlin(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:15 A M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. M. Bore Sr.(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Columbia SC

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 1/12/1917 (28) Chas. B. Bore 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.

MARGIN RESERVED FOR RECORD.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN 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.
 McCaw, of Columbia.