

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.  
N. B.—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.

(1) PLACE OF BIRTH  
County of *Maclure*  
Township of *Smithville*  
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  
**73964**

Registration District No. *33.0.0* Registered No. *87*  
(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 *William D. Nick* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug 9, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Sylvester D. Nick</i>			(14) NAME BEFORE MARRIAGE <i>Marie D. Nick</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Osborne N. C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Osborne N. C.</i>	
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>22</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
(12) BIRTHPLACE <i>S. C.</i>		(18) BIRTHPLACE <i>S. C.</i>		
(13) OCCUPATION <i>Harmon</i>		(19) OCCUPATION <i>Home work</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:4* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) *L. H. ...*  
(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 *Sept 5, 1916* (28) *W. H. Priest* 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.