

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M.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 8.  
McGaw, of Columbia

(1) PLACE OF BIRTH

County of Hampton

Township of Chatham

Inc. Town of \_\_\_\_\_

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. 24.00

Registered No. 3.3

(For use of Local Registrar)

File No. 52536

(2) Full Name of Child William Nettles

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? twins (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 17 6  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME J. F. Nettles  
(9) PRESENT POSTOFFICE OF FATHER Brunson SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer

MOTHER  
(14) NAME BEFORE MARRIAGE Vernie Adams  
(15) PRESENT POSTOFFICE OF MOTHER Brunson SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth three  
(21) Number of children of this mother now living, including present birth two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Fowler M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Luray SC

Given name added from a supplemental report  
....., 19.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Apr. 1, 1915 (28) Mrs. J. J. Vincent 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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