

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 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
41781

Registration District No. 130.9 Registered No. 84
 (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 Mary Nelson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Dick Nelson
 (9) PRESENT POSTOFFICE OF FATHER Davis Sta 8 C
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lore Nelson
 (15) PRESENT POSTOFFICE OF MOTHER Davis Sta 8 C
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Home
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Lore Nelson at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thelma L. L...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Sumner St

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by nurse)
 (27) Filed Dec 4, 1922 (28) H. O. Phibbs 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.

WHETHER PLAINLY, WHEN SIGNING THIS CERTIFICATE, THE REGISTRAR HAS BEEN ADVISED BY THE FATHER, MOTHER, OR OTHER PERSON, THAT THE CHILD IS STILLBORN, AND MARK THE BOXES OF TWINS OR TRIPLETS, USE A SUPPLEMENTAL REPORT, AND MARK THE BOXES OF TWINS OR TRIPLETS, NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 6.