

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29281

1418

County of

Township of

or
Inc. Town ofor
City of

Registration District No. 9A Registered No. 1418

(For use of Local Registrar)

City of Charleston (No. 2) Ward 2
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Eddie Nelson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 19 22</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Stephen Nelson(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION labor(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Perry(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION House work(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 Alive, at 2:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 408 Summer St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/28/22 (28) J. M. Green H. 2 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.

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.

McGaw of Columbia.