

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Charlestonor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

17909

Registration District No. 9 ARegistered No. 896
(For use of Local Registrar)(No. 49 Nassau 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 Harold Leroy Nelson Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harold Leroy Nelson(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Mechanic - Sheet Metal Worker(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Nelson(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Charleston County, S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dora Nelson - 49 1/2 Nassau St.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Robert Nelson
(Signature of Witness necessary only when question 23 is signed)(27) Filed 6/8 19 22 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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