

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6590

(1) PLACE OF BIRTH

County of Cherokee
Municipality of Swain
or
City of

Registration District No. 1341 Registered No. 15
(For use of Local Registrar)

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 J. D. Nelson Jr. If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Parent 23 (7) DATE OF BIRTH July 11 23
(Name of Month) (Day) (Year)

FATHER: J. D. Nelson Sr. MOTHER: Carl Brown

(8) PRESENT POSTOFFICE OF FATHER Summerville (9) PRESENT POSTOFFICE OF MOTHER Summerville

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 37 (12) AGE AT LAST BIRTHDAY 20
(Name) (Year)

(13) BIRTHPLACE Cherokee Co. Ga. (14) BIRTHPLACE Cherokee Co. Ga.

(15) OCCUPATION Farmer (16) OCCUPATION House wife

(17) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive at Summerville on the date above stated. (Hour 9 M. or P. M.)

(19) (Signature) Augustine Jackson (20) Address of Physician or Midwife Summerville

(21) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(23) File 2412 23 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.