

(1) PLACE OF BIRTH

County of humblyTownship of Holly

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

No. 10.—For State Registrar Only

4191

Registration District No. 248.2 Registered No. 43
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child William Nelson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Sept 6, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Nelson(9) PRESENT POSTOFFICE OF FATHER humbly(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE humbly(13) OCCUPATION Team driver(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Nelson(15) PRESENT POSTOFFICE OF MOTHER humbly(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE humbly(19) OCCUPATION Team driver(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife humbly

Given name added from a supplemental report

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

(26) SIGNED Marie Nelson (27) 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.