

Form No. 1

(1) PLACE OF BIRTH

County of

Richland

Township of

or

Inc. Town of

or

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

File No.—for State Registrar Only

5111

Registration District No. *3 F. 03*Registered No. *78*

(For use of Local Registrar)

(2) Full Name of Child

Nelson Lamson

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 6 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Doctor Lamson

(9) PRESENT POSTOFFICE OF FATHER

Congaree SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Marton

(15) PRESENT POSTOFFICE OF MOTHER

Congaree

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Susana Knight

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Congaree SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

19

(28)

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. Bureau of Columbia, Columbia, S. C.