CERTIFICATE OF BIRTH

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

File No.—For State Register Only: 41313

(1) PLACE OF BIRTH
County of Charleston
Township of .....
or
Inc. Town of .....
or
City of Charleston
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9-A Registered No. 1972
(For use of Local Registrar)

(No. 44 Beaufain St.; ..... Ward)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	To be answered only in event of Twins or Triplets		yes	Dec 12 1922

FATHER

(8) FULL NAME: John Nelson
(9) PRESENT POSTOFFICE OF FATHER: Charleston SC
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Johns Isl. S.C.
(13) OCCUPATION: common laborer
(20) Number of children born to mother, including present birth: 11

MOTHER

(14) NAME BEFORE MARRIAGE: Katie Ford
(15) PRESENT POSTOFFICE OF MOTHER: Charleston S.C.
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 37 (Years)
(18) BIRTHPLACE: Johns Isl.
(19) OCCUPATION: Domestic
(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7.30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H.E. Purcell md
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Charleston SC

Given name added from a supplemental report

..... 19.... Registrar.

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

(27) Filed 1/16 19 22 (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.

MARGIN RESERVED FOR FOLD BINDING.

WHITE PLAINS, WHITE LINEN ENG.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

McGILL-WARNER CO., COLUMBIA, S. C.