

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....City of Charleston (No. 249 Ashley Ave St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. ....

File No.—For State Registrar Only

20236

1367

Registered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

William NelsonIf child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet? No  
To be answered only in event of Twins or Triplets(5) Number in  
order of birth 1(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH Sept 12 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME William Nelson(9) PRESENT  
POSTOFFICE  
OF FATHER Charleston(10) COLOR  
OR  
RACE Col(11) AGE AT LAST  
BIRTHDAY 35  
(Years)(12) BIRTHPLACE Wadmalaw Island(13) OCCUPATION Store keeper(20) Number of children born to  
mother, including present birth 7

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Alma Williams(15) PRESENT  
POSTOFFICE  
OF MOTHER Charleston(16) COLOR  
OR  
RACE Col(17) AGE AT LAST  
BIRTHDAY 29  
(Years)(18) BIRTHPLACE Richland(19) OCCUPATION Domestic(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 at 12 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) Alice B. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 115 Prickett St.Given name added from a supplement-  
tal report

(26) Witness .....

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 9/19 22(28) Local Registrar19 ..  
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.