

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21676

Registration District No. 7904

Registered No. 55
 (For use of Local Registrar)

(2) Full Name of Child

Lucie Sue Nelson
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 4, 1923
 (Name of Month) (Day) (Year)
 FATHER. (8) FULL NAME Wade Fowler Nelson (9) PRESENT POSTOFFICE OF FATHER Laurens S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (12) BIRTHPLACE S.C. (13) OCCUPATION Farming
 MOTHER. (14) NAME BEFORE MARRIAGE Hattie Sue Nelson (15) PRESENT POSTOFFICE OF MOTHER Laurens R.H.D. 2, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (18) BIRTHPLACE S.C. (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question is signed by mother) [Signature] (27) Local Registrar [Signature]

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.

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