

MARGIN RESERVED FOR BINDING.

N. B.—In case of TWINS OR TRIPLETS—THIS IS A PERMANENT RECORD.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Mecklenburg
Township of Union Branch
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 4365

File No.—For State Registrar Only
23093

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child Robert Nelson (No.St.;Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31, 22
To be answered only in event of Twins or Triplets (If child is not yet named, make supplemental report as directed)

FATHER.
(8) FULL NAME George Nelson
(9) PRESENT POSTOFFICE OF FATHER Union Branch
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE Union Branch
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Ferguson
(15) PRESENT POSTOFFICE OF MOTHER Union Branch
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Union Branch
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 8:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Union Branch

Given name added from a supplemental report

(26) Witness

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

(27) Filled June 26, 22

(28) B. R. R. R. 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.

Registrar Only

Registrar

Ward

named, make as directed

Day (Year)

Day (Year)

at (Hour A. M. or P. M.)

Physician or Midwife

Local Registrar

make this return. stillbirths