

Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Department of Vital Statistics

State Board of Health

File No. For State Registration

50674

(1) PLACE OF BIRTH

County of Zero BurgTownship of Hopeor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 1st Registered No. 214

(For use of Local Registrar)

(2) Full Name of Child

Benjamin Nelson

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Devious Nelson

(9) PRESENT POSTOFFICE OF FATHER

Kingstree S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Zero Burg No. S.C.

(13) OCCUPATION

Farmer Labour

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

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Montgomery

(15) PRESENT POSTOFFICE OF MOTHER

Kingstree S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Zero Burg No. S.C.

(19) OCCUPATION

Housework

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Zero Burg (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Anna Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Kingstree S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 25 1916

(28) Local Registrar

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 stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.