

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. 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.

Columbia, S. C.

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

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
75955

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? Tw (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Sept 6 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Nelson
 (9) PRESENT POSTOFFICE OF FATHER 186 1/2 St Philip
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE Virginia
 (13) OCCUPATION Baker
 (20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Williams
 (15) PRESENT POSTOFFICE OF MOTHER 186 1/2 St Philip
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Wadmalaw
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:20 A M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice X Bryant

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 1214 1/2 St Philip

Given name added from a supplemental report

..... 191....

Registrar

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

(27) Filed 9/7/16 (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