

(1) PLACE OF BIRTH

County of Charlotte

Township of

Inc. Town of

City of CharlotteCITY of Charlotte

(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

16977

Registration District No. 9ARegistered No. 845

(For use of Local Registrar)

(No. 213 Canning)

Ward)

2) Full Name of Child Michael Mays Nelson

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

BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE BIRTH June 1 1933

(Name of Month) (Day) (Year)

FATHER.

FULL NAME Alonzo NelsonPRESENT POSTOFFICE OF FATHER Char S.C.COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 27

(Years)

(8) BIRTHPLACE Char S.C.(9) OCCUPATION Carpenter(10) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eva M. Daniel(15) PRESENT POSTOFFICE OF MOTHER Char S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Wando S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Char S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 100 E. 3rd St.

Even name added from a supplemental report

(26) Witness

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

(27) Filed 6/8 1933(28) J. M. Green Jr. 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.

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