

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fountainor
Inc. Town of Fountainor
City of Fountain

(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
90076Registration District No. 2206 Registered No. 1154

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Paul A. Nelson(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Greenville Co. S.C.(13) OCCUPATION Cotton Farmer(20) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Janita Drummond(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Lawrence Co. S.C.(19) OCCUPATION Housewife(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 11:55 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John P. DuBois

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Fountain Inn 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 Jan 10, 1917 (28) J. B. Dasek 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.