

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.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia
(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
19953

Registration District No. 382 Registered No. 1439
(For use of Local Registrar)
(No. 577 Winter St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Lillian Nelson

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>6</u> <u>10</u> <u>27</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME Willie Nelson
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Columbia
(13) OCCUPATION Driver
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Edith Nelson
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Columbia
(19) OCCUPATION
(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 at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Lucinda</u>	(25) Address of Physician or Midwife <u>1326 Broadway</u>
(24) State whether Physician or Midwife	
Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
..... 19	(27) Filed <u>6-16</u> <u>1928</u> 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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