

MARGIN RESERVED FOR BINDING.
 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.
 State of Columbia

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

File No. — For State Registrar Only
49575

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Yellow Springs
 Inc. Town of
 City of
 Registration District No. 1203 Registered No. 83
(For use of Local Registrar)

(2) Full Name of Child John Arthur Nelson

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
(To be answered only in event of twins or triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 4 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ed Nelson
 (9) PRESENT POSTOFFICE OF FATHER Wesley Hill Rd #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Lucile Jacobs
 (15) PRESENT POSTOFFICE OF MOTHER Wesley Hill Rd #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Home wif.
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Williams
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wesley Hill

Given name added from a supplemental report 191.....
 Registrar

(26) Witness E. H. Brown
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2/10 1916. (28) E. H. Brown
 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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