

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.

(1) PLACE OF BIRTH

County of Greenwood  
Township of Yellow Springs  
or  
Inc. Town of  
or  
City of

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

File No. — For State Registrar Only  
**49375**

Registration District No. 12-1 Registered No. 83  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Arthur Nelson

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

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

FATHER.

(8) FULL NAME E. Nelson  
(9) PRESENT POSTOFFICE OF FATHER Wesley Hill Rd #2  
(10) COLOR OR RACE W (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 W (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION same w/f  
(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 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 (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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