

Form No 1.

(1) PLACE OF BIRTH

County of Greenwood

Township of 11

Inc. Town of 11

City of 11

(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

64611

Registration District No. 73a Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Charles Nelson

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Erwin Nelson

MOTHER: (14) NAME BEFORE MARRIAGE Joie M. Brown

(9) PRESENT POSTOFFICE OF FATHER Greenwood, SC

(15) PRESENT POSTOFFICE OF MOTHER Greenwood, SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Ga

(18) BIRTHPLACE Ga

(13) OCCUPATION Carpenter

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annella James

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenwood, SC

Given name added from a supplemental report

Wm. J. ... Registrar

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

(27) Filed 4/17 1916 (28) M. A. Williams 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.

MARGIN RESERVED FOR BINDING. WHITE 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. McCaw, of Columbia

Ware Shoals, S.C.

June 24th, 1939

To Whom It May Concern:

Personally appeared before me, ERVIN NELSON and JOSIE NELSON, who says and deposes under oath, that they are the Parents of CHARLIE NELSON, and that he was born at Greenwood, SC, on June 4th, 1916, also that the mid-wife who was in attendance at that time is now dead.

SIGNED

*Ervin Nelson*

SIGNED

*Josie Mae Nelson*

Attested to By,

W. E. Davis, M.P.S.C.

June 24th, 1940

*W. E. Davis*  
6/24/1940