

1. PLACE OF BIRTH

County of Richland

Township of.....

or
Inc. Town of.....or
City of.....

(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

01215

Registration District No. 3800 Registered No.

(For use of Local Registrar)

(No. Dutch Fork St. Ward)2. FULL NAME OF CHILD Geneva Nelums

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

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	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Oct. 17</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

8. FULL NAME John Henry Nelums

9. ADDRESS AT CHILD'S BIRTH Dutch Fork

10. COLOR OR RACE C

11. AGE AT CHILD'S BIRTH 24 (Years)

12. BIRTHPLACE SC13. OCCUPATION Tal20. Number of children born to mother, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Hattie Hard

15. ADDRESS AT CHILD'S BIRTH Dutch Fork

16. COLOR OR RACE C

17. AGE AT CHILD'S BIRTH 21 (Years)

18. BIRTHPLACE SC19. OCCUPATION sew21. 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 Romalia at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. Signature Bl. E. Overton24. State where Physician or Midwife Physician 25. Address of Physician or Midwife Columbia

Given name added from a supplemental report

....., 194.....

26. Witness.....

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

27. Filed Jan. 15, 194428. L. A. Riser, M.D.
Local Registrar

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. keh

12/31/43 W 50¢ paid.

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.