

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 Greenville
 Township of Walnut Grove
 or
 Inc. Town of
 or
 City of Greenville
 (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

18965

Registration District No. 2314

Registered No. 5-8
 (For use of Local Registrar)

(2) Full Name of Child

J. P. Nelson

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?
 To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Nelson

(9) PRESENT POSTOFFICE OF FATHER

Windsor, S.C.

(10) COLOR OR RACE

black

(11) AGE AT LAST BIRTHDAY

40
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mechanic

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Bolt

(15) PRESENT POSTOFFICE OF MOTHER

Windsor, S.C.

(16) COLOR OR RACE

black

(17) AGE AT LAST BIRTHDAY

27
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

housewife

(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 born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 11, 1922

(28)

Windsor, S.C.
 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.