

(1) PLACE OF BIRTH

County of AndersonTownship of ...Inc. Town of LibertyCity 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

12744

36

Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

Charles Edward Abelson child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Boy

(4) Type of Birth

To be covered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

May 25 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Flord Nelson

(9) PRESENT RESIDENCE OF FATHER

Piedmont S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

misc work

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carie McElroy

(15) PRESENT RESIDENCE OF MOTHER

Piedmont S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

housewife

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

7

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...  
on the date above stated.... at 11:30 A.M.  
born alive or stillborn (Mark 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 by mark)

(27) Date

May 28 1927

(28)

Local Registrar19 ...  
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.

a supplementary report

Address

Filed

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