

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Centau
 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

17719

Registration District No. 708 Registered No. 67
 (For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Nelson If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 4th 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME J. E. Nelson
 9 PRESENT POSTOFFICE OF FATHER Cross St.
 10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 36
 12 BIRTHPLACE Berkeley Co
 13 OCCUPATION Farming
 20 Number of children born to mother, including present birth 8

MOTHER.

14 NAME BEFORE MARRIAGE Mary Lyfage
 15 PRESENT POSTOFFICE OF MOTHER Cross St.
 16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 34
 18 BIRTHPLACE Berkeley Co
 19 OCCUPATION Housewife
 21 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lenice Hamilton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

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

(27) Filed June 14th 22 (28) D. W. Cross
 Registrar 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.

MAKING RETURN FOR BIRTH RECORDING. WITH THE ABOVE INFORMATION, THE REGISTRAR WILL BE ABLE TO ISSUE A BIRTH CERTIFICATE, AND MAKE THE NECESSARY RECORDS. THE REGISTRAR WILL BE ABLE TO ISSUE A BIRTH CERTIFICATE, AND MAKE THE NECESSARY RECORDS. THE REGISTRAR WILL BE ABLE TO ISSUE A BIRTH CERTIFICATE, AND MAKE THE NECESSARY RECORDS.