

1. PLACE OF BIRTH

County of Chester
 Township of Chester
 or
 Inc. Town of
 or
 City of

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
3617

Registration District No. 1107 Registered No. 19
 (For use of Local Registrar)

(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 Winfred Ovada Nelson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parent Married Yes (7) DATE OF BIRTH Jan. 11, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) NAME William Stephenson Nelson
 (9) PRESENT POSTOFFICE OF FATHER Beehive mill Chester S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Bland Co. Va.
 (13) OCCUPATION mill work.
 (20) Number of children born to mother, including present birth 9

MOTHER
 (14) NAME Mary Adeline Haddell
 (15) PRESENT POSTOFFICE OF MOTHER Beehive mill Chester S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Shartartown Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:55 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Naylor
 (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed W.S. 6 19 22 (28) J.H. Naylor 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.

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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.
 STATE OF SOUTH CAROLINA, Columbia, S. C.
 MARCH