

MARGIN RESERVED FOR BUNDLING
 WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
 IN BLUE INK OR PENCIL ON THIS FORM OR A REPRODUCIBLE PLAIN WHITE CARD, and make use
 of the space at the bottom for a separate statement of the mother's health, habits, and other
 pertinent facts.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. James
 or
 Inc. Town of Charleston
 or
 City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

550

131

Registration District No. 9A Registered No. 131
 (For use of Local Registrar)

(No. 20 Beaufort St. 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

Emma Nelson

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

(3) BOY OR GIRL 3 (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 25 1922
 (Specify of Month) (Day) (Year)

FATHER:

(8) FULL NAME Edw. Hooker
 (9) PRESENT POSTOFFICE OF FATHER 20 Beaufort St.
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER:

(14) NAME BEFORE MARRIAGE Anna Nelson
 (15) PRESENT POSTOFFICE OF MOTHER 20 Beaufort St.
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Domestic
 (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 Ann. alive at 9 P. M., on the date above stated. (Hour "A." or "P. M.")
 (Do not write "live" or "stillborn")

(23) (Signature) Maria Nelson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 52 Calhoun

Given name added from a supplemental report:

(26) Witness (Signature of Witness when question 23 is signed by mark) James H. Green

19..... Registrar

(27) Filed 2-1 1922 (28) 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.