

See also Vol 53 43066

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11659

Registration District No. 270

Registered No. 114  
 (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

Oliver Nelson

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

3. BOY OR GIRL

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Mar 30 1922  
 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME

Isaac Nelson

9. PRESENT POSTOFFICE OF FATHER

Windsor

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 40  
 (Year)

12. BIRTHPLACE

Id

13. OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Emma Bolen

(15) PRESENT POSTOFFICE OF MOTHER

Windsor

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY 30  
 (Year)

(18) BIRTHPLACE

Id

(19) OCCUPATION

Housewife

20. Number of children born to mother, including present birth

5

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Margaret

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

18. Registrar

(27) Date

Mar 30 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.