

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Georgetown
Township of
or
Inc. Town of
or
City of Georgetown
(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
38391

Registration District No. 21-A Registered No. 103
(For use of Local Registrar)
St. Ward)
(No. 625 Prince St.)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child FRANCES BEIL NELSON

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH July 5, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles G Nelson</u>	(14) NAME BEFORE MARR. <u>Nellie Blanche Jones</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.</u>	(16) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Marion Co. S.C.</u>	(19) OCCUPATION <u>Housework</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
(12) BIRTHPLACE <u>Marion Co. S.C.</u>	(13) OCCUPATION <u>Electrician</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. B. Bell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Local Registrar

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 13, 1922 (28) Mrs. R. J. King Local Registrar
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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.
Local Registrar.
Registrar
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