

## (1) PLACE OF BIRTH

County of **LEXINGTON**  
 Township of **WILL SWAMP**  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 1-10 Sub Registrar  
**7684**

Registration District No. **3102** Registered No. ....  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Sex Male Female	(7) DATE OF BIRTH <b>July 25 1923</b> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <b>J. L. Hollicum</b>			(14) NAME BEFORE MARRIAGE <b>Lila Spier</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Pelion</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Pelion</b>	
(10) COLOR OR RACE <b>White</b>	(11) AGE AT LAST BIRTHDAY <b>24</b> (Year)	(16) COLOR OR RACE <b>White</b>	(17) AGE AT LAST BIRTHDAY <b>19</b> (Year)	
(12) BIRTHPLACE <b>Lexington S</b>			(18) BIRTHPLACE <b>Lexington</b>	
(13) OCCUPATION <b>Farmer</b>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <b>3</b>			(21) Number of children of this mother now living, including present birth <b>1</b>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) **Colin Steinhilber**  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed **July 25 1923** (28) **R. J. ...** 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.