

(1) PLACE OF BIRTH

County of Florence
Township of Lakeor
Inc. Town of
orCity of (No. St.; Ward)
(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

72760

Registration District No. 2009 Registered No. 90
(For use of Local Registrar)(2) Full Name of Child Robert Oscar Nelson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Dogier Nelson(9) PRESENT POSTOFFICE OF FATHER Spartan(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Williamsburg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Eaddy(15) PRESENT POSTOFFICE OF MOTHER Spartan(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Florence Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary L. Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Conwards St.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/19 1916 (28) P. L. L. Coates 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.