

(1) PLACE OF BIRTH
 County of Wilkes
 Township of Marston
 or
 Inc. Town of _____
 or
 City of _____
 (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
9917

Registration District No. 309 Registered No. 27
 (For use of Local Registrar)
 St. _____ Ward _____

(2) Full Name of Child _____ } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of Birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 28 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Andy Nelson
 (9) PRESENT POSTOFFICE OF FATHER Home Park 8-1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Shuley
 (15) PRESENT POSTOFFICE OF MOTHER Marston 9-1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. H. ...
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Home Park 8-1

Name added from a supplemental report

 191
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by Registrar)
Dr. J. J. ...
 (27) 191 (28) R. P. ... 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.

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