

(1) PLACE OF BIRTH

County of AllenTownship of Fairfaxor
Inc. Town of Fairfaxor
City of Fairfax

(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

2912

Registration District No. Had. Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Martha Louise Nelson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 29, 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Nathan Nelson(9) PRESENT POSTOFFICE OF FATHER Fairfax S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Fairfax S.C.(13) OCCUPATION Salmon(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Foy Kearse(15) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Near S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White, at 129 M., on the date above stated. (Born alive or stillborn) (M., F., or P. M.)(23) (Signature) M. J. L. L. L.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Feb 8, 1912 (28) F. H. Boyd M.D. 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.

FORM NO. 1 MARGIN RESERVED FOR BINDING

WATER PLASTER, WITH TABULAR RECORD, IS A PERMANENT RECORD.

A child born of twins or triplets, etc., should be reported as such, and each child should be reported as such.

Name of Child