

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-A - For State Registrar  
44610

Registration District No.

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 Henry Grady Nelson Jr. If child is not yet named, make supplemental report as required.

(3) SEX OR SEXES (4) Sex or Sexes (5) Sex or Sexes (6) DATE OF BIRTH (7) DATE OF BIRTH

FATHER

(8) FULL NAME (9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER (11) PRESENT POSTOFFICE OF MOTHER

(12) COLOR OR RACE (13) AGE AT LAST BIRTHDAY (14) COLOR OR RACE (15) AGE AT LAST BIRTHDAY

(16) BIRTHPLACE (17) BIRTHPLACE

(18) OCCUPATION (19) OCCUPATION

(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

Farmer Housewife

(22) I hereby certify that I attended the birth of this child, who was

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was

(24) (Signature) (25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness (28) (Signature of Witness necessary only when question 23 is signed by mark)

(29) 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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