(1) PLACE OF BIRTH

County of Clarendon

Township of Manning

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

17265

Registration District No. 1302 Registered No. 33

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 14, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Nelson

(9) PRESENT POSTOFFICE OF FATHER Silver SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Parson

(15) PRESENT POSTOFFICE OF MOTHER Silver SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Home Maker

(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 Alive at 6 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liza Bultler

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Summerton SC

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed June 30 1923 (28) F. E. Richburg 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.