

(1) PLACE OF BIRTH
EXINGTON

County of

Township of **WIL SWAMP**

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43475

Registration District **3102** Registered No. **137**
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Daniel Lewis Nelson** 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 **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Dec 22 1922**
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Roseo Nelson**
(9) PRESENT POSTOFFICE OF FATHER **Charlotte NC**
(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **22**
(Years)
(12) BIRTHPLACE **Leizighin**
(13) OCCUPATION **Labour**
(20) Number of children born to mother, including present birth **1**

MOTHER.
(14) NAME BEFORE MARRIAGE **Ligen Esther Stivander**
(15) PRESENT POSTOFFICE OF MOTHER **Durham**
(16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **18**
(Years)
(18) BIRTHPLACE **Durham**
(19) OCCUPATION **Labour**
(21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at **8:00** M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) **Louisa Perry**
(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Durham**

Given name added from a supplemental report

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

(27) Filed **Dec 30 1922** (28) Local Registrar **J. H. Sanford**

*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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MAKING RETURN. IF THERE IS A FURNISHED REPORT, AND MARK THE
WITNESSED PLAINLY. WITH UNFURNISHED REPORT, MARK BLANK FOR LOCAL CHILD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS, SUBSCRIBE BLANK FOR LOCAL CHILD, AND MARK THE
FIRST-CHILD, NO. 1. THE OTHERS, NO. 2, ETC. IN QUESTION 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.