

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor  
Inc. Town of .....

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

566

Registration District No. 901Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child Samuel Nelson

If child is not yet named, make preliminary report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Name <u>To be entered only in case of Twin or Triple</u>	(5) Number by order of birth <u>1</u>	(6) Date of Birth <u>July 7, 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Nelson</u>	(14) NAME BEFORE MARRIAGE <u>Henry Brown</u>	(9) PRESENT RESIDENCE OF FATHER <u>Mr. Stewart Co.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Mr. Stewart Co.</u>
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) OCCUPATION <u>Laborer</u>	(19) BIRTHPLACE <u>Charleston S.C.</u>	(20) OCCUPATION <u>House Work</u>
(21) Number of children born to mother, including present birth <u>one</u>	(22) Number of children of this mother now living, including present birth <u>one</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Here state "Stillborn" (Here A. M. or P. M.)

(24) (Signature) <u>Dr. Stewart Co.</u>	(25) (Signature) <u>Mr. Stewart Co.</u>
(26) State where Physician or Midwife	(27) Address of Physician or Midwife

(28) Given name added from a symptom- and report	(29) Witness (Signature of Witness necessary only when question 23 is signed or marked) <u>Chas. Stewart Co.</u>
(30) Registrar <u>19</u>	(31) Filed <u>July 8, 1923</u>

\*When there was no attending physician or midwife, (on the father, householder, etc., etc.) If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

WRITES PLAINLY, WITH UNFADING INK—USE AS A PERMANENT RECORD.  
M. B.—In case of twins or triplets use a separate blank form each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.