

(1) PLACE OF BIRTH

County of LexingtonTownship of Saluda

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

Registration District No. 3111

File No. — For State Registrar Only

35434

Registered No. 39
(For use of Local Registrar)(2) Full Name of Child Nelson Eugene Black

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 Oct 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. David Black(9) PRESENT POSTOFFICE OF FATHER Chapin(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A. Koon(15) PRESENT POSTOFFICE OF MOTHER Chapin(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 41
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:45 on the date above stated. (Hour "A. M. or P. M.")(23) (Signature) M. W. Messinger(24) State whether Physician or Midwife (25) Address of Physician or Midwife Balletine

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 10 1922(28) M. W. Messinger

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.