(1) PLACE OF BIRTH

County of Laurens

Township of Waterloo

or

Inc. Town of ..... Registration District No. 2907 ..... Registered No. 101 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
90666

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

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? X | (5) Number in order of birth X (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec 20, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	John F Nelson	(14) NAME BEFORE MARRIAGE	Edna Fuller
(9) PRESENT POSTOFFICE OF FATHER	Waterloo Sc	(15) PRESENT POSTOFFICE OF MOTHER	Waterloo Sc
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	50	(17) AGE AT LAST BIRTHDAY (Years)	43
(12) BIRTHPLACE	Laurens Co. Sc	(18) BIRTHPLACE	Laurens Co. Sc
(13) OCCUPATION	Farmer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	13	(21) Number of children of this mother now living, including present birth	13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3 P M (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) John F Nelson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Waterloo Sc

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Jan 9 1917 (28) F B Bolard 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.

Local Registrar.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.