

MAKING RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

City of Columbia

(1) PLACE OF BIRTH
County of Charleston
Township of
OR
Inc. Town of Registration District No. 9A Registered No. 1732
OR
City of Charleston (No. 339 East Bay 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 Rosetta Nelson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 4</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Nelson</u>			(14) NAME BEFORE MARRIAGE <u>Ella Nelson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>	
(10) COLOR OR RACE <u>Col.</u>			(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Cainhoy, D.C.</u>			(16) COLOR OR RACE <u>Col.</u>	
(13) OCCUPATION <u>Laborer</u>			(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(20) Number of children born to mother, including present birth { <u>4</u>			(18) BIRTHPLACE <u>John's Island</u>	
			(19) OCCUPATION <u>Clementine</u>	
			(21) Number of children of this mother now living, including present birth { <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. W. Myrath, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report
191.....
191.....
Registrar

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

(27) Filed 11/13/16 191..... (28) J. Merani, M.D. 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 fourth month of pregnancy.

Filed 11/13/16 191.....
Cor. 2/2/19
J. Merani, M.D. Registrar
Reg.