

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4087

Registration District No. 2090 Registered No. 57

(For use of Local Registrar)

(No. 312 Bundell St.; 1023 Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Thomas Nelson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 2 3 23

To be answered only in event of Twin or Triplets Name of Month (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Ida Childers MOTHER.(9) FULL NAME Albert Nelson (10) PRESENT POSTOFFICE OF FATHER Greenville S.C. (10) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE S.C. (12) BIRTHPLACE S.C.(13) OCCUPATION Textile Worker (13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at S.A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) John J. Smith(27) File 71.3.23 (28) Local Registrar John J. Smith

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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