

## (1) PLACE OF BIRTH

County of

Fairfield Co

Township of

X 9

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

File No.—For State Registrar Only

64235

Registration District No.

1908

Registered No.

5-0

(For use of Local Registrar)

## (2) Full Name of Child Mary Lee Nelson

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

X

To be answered only in case of Twins or Triplets

(5) Number in order of birth

X

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 20

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Nelson

(9) PRESENT POSTOFFICE OF FATHER

Rockton S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Jane Davis

(15) PRESENT POSTOFFICE OF MOTHER

Rockton S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elinor M. M.

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Rockton S.S.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed July 10 1914

(28)

D. C. Buff

Local Registrar

MARGIN 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.  
McCaw, of Columbia.

\*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.