

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston, S.C.

(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. 9 ANo. 446Registered No. 65
(For use of Local Registrar)(2) Full Name of Child Nell Samson

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

(1) SEX OR GUILD F (2) Twin or Triplet X (3) Number in order of birth X (4) Are Parents Married? yes (5) DATE OF BIRTH 1/7/23
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Tom Samson(7) PRESENT POSTOFFICE OF FATHER 7 Inspection(8) COLOR OR RACE C (9) AGE AT LAST BIRTHDAY 35
(Year)(10) BIRTHPLACE S.C.(11) OCCUPATION Laborer(12) Number of children born to mother, including present birth 2

MOTHER.

(13) NAME BEFORE MARRIAGE Marie Nelson(14) PRESENT POSTOFFICE OF MOTHER 7 Inspection(15) COLOR OR RACE C (16) AGE AT LAST BIRTHDAY 22
(Year)(17) BIRTHPLACE S.C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Martha Robinson (per 4.5.1)

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

mid-wife 52 Calhoun

Given name added from a supplemental report

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

(25) Filed 1/8 19 23 (26) 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.