

(1) PLACE OF BIRTH

County of Georgetown
 Township of St. P. St. M.
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

27570

Registration District No. 909 Registered No. 144
 (For use of Local Registrar)

(City of (No. 6 1/2 Mile St.; Ward)
 (If birth occurs in a hospital or other institution, the name of same instead of street and number.)

(2) Full Name of Child Beatrice Rebecca Nelson

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 2, 1923
 (Name) (Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>Francis Nelson</u>			(14) NAME BEFORE MARRIAGE	<u>Lucile Bretines</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Myers S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Myers S. C.</u>		
(10) COLOR OR RACE	<u>col</u>	(11) AGE AT LAST BIRTHDAY	<u>29</u> (Year)	(16) COLOR OR RACE	<u>col</u>	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Year)
(12) BIRTHPLACE	<u>Orangeburg S. C.</u>			(18) BIRTHPLACE	<u>Bamberg S. C.</u>		
(13) OCCUPATION	<u>Common Laborer</u>			(19) OCCUPATION	<u>House work</u>		
(20) Number of children born to mother, including present birth	<u>5</u>			(21) Number of children of this mother now living, including present birth	<u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Smith
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Sept. 30, 1923 (28) B. F. Myers 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.

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