(1) PLACE OF BIRTH

County of Clarendon

Township of Plowden's Mill

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

878

Registration District No. 1314 Registered No. 2

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Daniel Nelson

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			No	Jan. 26 1922

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(22) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Delia Nelson

(15) PRESENT POSTOFFICE OF MOTHER Alcolu S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Clarendon Co. S.C.

(19) OCCUPATION Farm Hand

(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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lou Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 31 1922 (28) R. E. Thompson

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.

WARD NUMBER OR BEATING.

WHITE FAMILY NUMBER OR NAME OF PLANTATION OR ESTATE.

If BORN IN A HOSPITAL OR OTHER INSTITUTION, give its NAME instead of street and number.

If TWIN, or TRIPLET, state "Twin" or "Triplet."

If FIRST BORN, write "One"; if SECOND, write "Two"; if THIRD, write "Three," etc., in question 5.

If CHILD IS DEAD, so state.

MACON & CALHOUN, Columbia, S. C.