

Form No. 1

## (1) PLACE OF BIRTH

County of MusburyTownship of Permitor  
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

54089

Registration District No. 4308 Registered No. 21  
(For use of Local Registrar)St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. Benjamin 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 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 26 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Nelson(9) PRESENT POSTOFFICE OF FATHER Lanes S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Lanes S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

## MOTHER.

(15) NAME BEFORE MARRIAGE Rebecca Getty(16) PRESENT POSTOFFICE OF MOTHER Lanes S.C.(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 28 (Years)(19) BIRTHPLACE Charleston Co.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... 7 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mary White(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Lanes S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(25) Witness J. L. Baggett  
(Signature of Witness necessary only when question 23 is signed by mother)(26) Filed 7/28 191..... (27) J. L. Baggett 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.

Albert R. Moseley Local Registrar

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.