

Form No. 10. MARGIN RESERVED FOR BINTING.  
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

McCaw

(1) PLACE OF BIRTH

County of Marion

Township of Marion

Inc. Town of Marion

City of Marion

(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

46799

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

Lessy Digi Nelson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH Jan. 15, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Nelson

(9) PRESENT POSTOFFICE OF FATHER

Marion S C

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Marion C S C

(13) OCCUPATION

Farmer

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

8

(14) NAME BEFORE MARRIAGE

Lessy Nelson

(15) PRESENT POSTOFFICE OF MOTHER

Marion S C

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Marion C S C

(19) OCCUPATION

Domestic

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Midwife S. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Marion S C

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

1/21/16

(28)

C. P. Rice

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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