

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. - For State Registrar Only	
County of <u>Sumner</u>		STATE OF SOUTH CAROLINA		77-19	
Township of <u>Sumner</u>		Bureau of Vital Statistics		Registered No. <u>95</u>	
City of <u>Sumner</u>		State Board of Health		(For use of Local Registrar)	
Inc. Town of <u>Sumner</u>		Registration District No. <u>2109</u>		Registered No. <u>95</u>	
City of <u>Sumner</u>		(No. <u>17</u> Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Jan Louise Nelson</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Parents <u>25</u>	(7) DATE OF BIRTH <u>Jan 10, 1922</u>	(8) TIME OF BIRTH <u>10:22</u>
FATHER			MOTHER		
(9) FULL NAME <u>Dr. J. H. Nelson</u>			(10) NAME BEFORE MARRIAGE <u>Miss Bailey</u>		
(11) PRESENT POSTOFFICE OF FATHER <u>Sumner</u>			(12) PRESENT POSTOFFICE OF MOTHER <u>Sumner</u>		
(13) COLOR OR RACE <u>W</u>			(14) AGE AT LAST BIRTHDAY <u>21</u>		
(15) BIRTHPLACE <u>W.C.</u>			(16) AGE AT LAST BIRTHDAY <u>21</u>		
(17) OCCUPATION <u>Teacher</u>			(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(21) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> (Hour A. M. or P. M.) <u>4 a</u> on the date above stated.					
(22) (Signature) <u>F. C. [illegible]</u>					
(23) State whether Physician or Midwife <u>Physician</u>					
(24) Address of Physician or Midwife <u>Sumner</u>					
(25) Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Date <u>Mar 6, 1922</u>					
(28) Registrar <u>Thos. [illegible]</u>					

*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.