

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

Country: USA

Turning on the lights

10. How many times have you been married?

Registration District No. **98.1**

(For use of Local Supervisors)

City of (No. St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arash, Parvaz, Momen

If child is not yet named, birth certificate should be filed with

100-443887-100

THE OF THE THE

④ Secretary to
Council of State

● 100%

DATE OF

FATHER

NOTES

NAME: Wesley H. Nelson

(4) NAME BEFORE
MARRIAGE *Elaine Thibault*

2. ~~CONFIDENTIAL~~ Mt Pleasant SC

(70) **FORNIT** *W. Ph...*

(10) COLOR *White* (11) ARREST LAST *28*
DATE *11-28-68* ENTRY DAY.....

(70) COLOR *24 h* (71) AGE AT LAST *2*

Brooklyn NY

Charleston Co. S.C.

(10) DESCRIPTION

7/10/58

(S) [REDACTED] 1

(24) Number of children of this mother
now living, including present 129

COMPLETION OF ATTENDING PHYSICIAN OR MIDWIFE:

(20) I hereby certify that I attended the birth of this child, who was.....
 (Name of child) (Date of birth) (Place of birth)

CONFIDENTIAL

9. (Continuation of Form 1040-EZ only)
with Section 11 is required.

[Handwritten signature]