

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		87651	
Township of <u>Philok</u>		Bureau of Vital Statistics			
		State Board of Health			
Inc. Town of		Registration District No. <u>4107</u>		Registered No. <u>118</u>	
City of		(No. St.; 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>John W. Nelson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov. 19, 1916</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Reat R. R. R.</u>			(14) NAME BEFORE MARRIAGE <u>Tholax Nelson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Philok PO</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Philok</u>		
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Sumter co</u>			(16) COLOR OR RACE <u>Negro</u>		
(13) OCCUPATION <u>Farming</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(20) Number of children born to mother, including present birth <u>1</u>			(18) BIRTHPLACE <u>Sumter co</u>		
			(19) OCCUPATION <u>Housework</u>		
(21) Number of children of this mother now living, including present birth <u>1</u>			(22) I hereby certify that I attended the birth of this child who was <u>above</u> at <u>9</u> A.M. on the date above stated.		
			(23) (Signature) <u>L. R. R.</u>		
			(24) State whether Physician or Midwife <u>Midwife</u>		
			(25) Address of Physician or Midwife <u>Philok PO</u>		
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>11-25-16</u> (28) <u>L. B. McElwain</u> 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.