

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 questions 1.

Form No. 1

(1) PLACE OF BIRTH

County of *Charleston*  
 Township of *Christ Church*  
 or  
 Inc. Town of.....  
 or  
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27520

Registration District No. *901* Registered No. *126*  
 (For use of Local Registrar)

(2) Full Name of Child *Benia Nelson* (No. *Benia Nelson* St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Are Parents Married *Yes* (6) DATE OF BIRTH *10 23* (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *George Nelson* (9) PRESENT POSTOFFICE OF FATHER *W. Pleasant* (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30* (Year) (12) BIRTHPLACE *S.C.* (13) OCCUPATION *Farmer* (14) NAME BEFORE MARRIAGE *Amey* (15) PRESENT POSTOFFICE OF MOTHER *W. Pleasant* (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *20* (Year) (18) BIRTHPLACE *S.C.* (19) OCCUPATION *Housewife* (20) Number of children born to mother, including present birth *1 One* (21) Number of children of this mother now living, including present birth *1 One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Bess Richardson* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *W. Pleasant*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Oct 1 1923* (28) *W. Pleasant* 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.

Revised by Columbia, Columbia, S. C.