

FORM NO. 6

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.

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(1) PLACE OF BIRTH
 County of Charleston
 Township of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76046

OR
 Inc. Town of Registration District No. 9 X Registered No. 1042
 OR
 City of Charleston (No. 46 Benjamin St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edmund Nathaniel Nelson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept, 30, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Nelson

(9) PRESENT POSTOFFICE OF FATHER 46 Benjamin

(10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE John's Island

(13) OCCUPATION Day Laborer

(20) Number of children born to mother, including present birth } 6

MOTHER.

(14) NAME BEFORE MARRIAGE Henrietta Ford

(15) PRESENT POSTOFFICE OF MOTHER 46 Benjamin

(16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE John's Island

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 830 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice X Myant

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife | 15 Stark

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed 10/26 1916 (28) 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