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(1) PLACE OF BIRTH

County of Williamsburg
 Township or Law
 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

2706

Registration District No. 434 Registered No. 3
 (For use of Local Registrar)

City of (No. St. Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28, 1922
 (Specify of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Nelson
 (9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Williamsburg co., S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Mabel Montgomery
 (15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Williamsburg co., S.C.
 (19) OCCUPATION Farm laborer
 (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 or stillborn at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine Graham
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salters Depot, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 12, 1922 (28) A. R. Moseley 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.