

(1) PLACE OF BIRTH

County of Camden
Township of Calder
or
Inc. Town of Princeton
or
City of Princeton

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

31696

Registration District No. 10 Registered No. 11-4

(For use of Local Registrar)

(No. 10 Ward)

(If birth occurs in a hospital or other institution, give name of institution and number.)

(2) Full Name of Child

Dorothy Susan

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

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 2 1/2 (7) DATE OF BIRTH Oct 27 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Guy M. Nelson
(9) PRESENT RESIDENCE OF FATHER Princeton
(10) COLOR OR RACE Wgn (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE William Logan
(15) PRESENT RESIDENCE OF MOTHER Princeton S.C.
(16) COLOR OR RACE Wgn (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Sarah Brown (23) Address of Physician or Midwife Princeton
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Oct 18 1923 (27) C. S. Higgins 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.