

(1) PLACE OF BIRTH

County of GalhounTownship of Sandy Run

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

41183

Registration District No. 8-94 Registered No. 82

(For use of Local Registrar)

(No. 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 Dan Nelson

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth 6(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Dec 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Willie Nelson(9) PRESENT
POSTOFFICE
OF FATHER Gaston(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 39
(Years)(12) BIRTHPLACE Lexington(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Bessie Richerson(15) PRESENT
POSTOFFICE
OF MOTHER Gaston(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE Lexington(19) OCCUPATION Farmer(21) Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.Born at 10 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Richerson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife GastonGiven name added from a supplement-
tal report(26) Witness J. E. Bellinger(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 30, 1922(28) J. S. Bellinger
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.

RECEIVED FOR RECORDING
JAN 1 1923
IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHERS, NO. 2, ETC., IN QUESTION 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.