

(1) PLACE OF BIRTH Charleston STATE OF SOUTH CAROLINA 48377  
 County of .....  
 Township of .....  
 or .....  
 Inc. Town of .....  
 or .....  
 City of Charleston (No. 323 Chutledge St. (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (Ward)  
 (2) Full Name of Child St. Julien 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>Apr 2<sup>nd</sup> 1906</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Andrews Nelson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Charleston S. C.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) (12) BIRTHPLACE <u>Charleston S. C.</u> (13) OCCUPATION <u>Laborer</u> (20) Number of children born to mother, including present birth <u>7</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Catharine Fraser</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S. C.</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Years) (18) BIRTHPLACE <u>Charleston S. C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Larry J. Green  
 (24) State whether Physician or Midwife (25) Physician or Midwife  
 Given name added from a supplemental report  
 (26) Witness A. R. Myers (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 7/4/06 (28) Local Registrar  
 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.  
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McCaw, of Columbia.  
 WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 8.