

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child Frank Nelson

File No.—For State Registrar Only

24122Registration District No. 4108 Registered No. 1230

(For use of Local Registrar)

3 BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 17, 1935
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Warren Nelson9. PRESENT POSTOFFICE OF FATHER Sumter SC(10) COLOR OR RACE Negro

12 BIRTHPLACE

(11) AGE AT LAST BIRTHDAY 40

(Years)

13 OCCUPATION Farmer20 Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Sharpie(15) PRESENT POSTOFFICE OF MOTHER Sumter SC(16) COLOR OR RACE Negro(18) BIRTHPLACE Easton(17) AGE AT LAST BIRTHDAY 30

(Years)

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Sharpie(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wedgefield St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 19

(28) Charles B. Epps 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.

REGARD OF COLUMBIA, COLUMBIA S. C. FILE OFFICE, No. 2, etc., in question 5