

Form No. 1

(1) PLACE OF BIRTH

County of WilliamburgTownship of Pennor
Inc. Town of
orCity of Cokeley (No. 4308 Registered No. 11)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Bessie Thelma Nelson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth /

(6) Are no Parents Married?(7) DATE OF Feb. 3rd BIRTH 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark Nelson(9) PRESENT POSTOFFICE OF FATHER Lane S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Williamburg Co. S. C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Cokeley(15) PRESENT POSTOFFICE OF MOTHER Lane S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Williamburg Co. S. C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. (Born alive or stillborn) (Hour & M. or P. M.)
on the date above stated.(23) (Signature) Eugenia B. Ford(24) State whether Physician or Midwife. (25) Address of Physician or Midwife
midwife Lane S. C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Feb 3rd 1916(28) Albert R. Mosley 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.