

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

(2) Full Name of Child Virginia Margaret Nelson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 18, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John H. Nelson(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Salesman Wholesale Drug Co.(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Louise R. Rooster(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Gaston, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. J. Thame(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 81 Wentworth St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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.

MA OF CHARLESTON

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