

MARGIN RESERVED FOR INDEXING.

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Meigswood</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		4503	
Township of <u>104</u>		Registration District No. <u>2312</u>		Registered No. <u>12</u>	
Inc. Town of <u>104</u>		(No. St. Ward)		(For use of Local Registrar)	
City of <u>104</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Kelvin Nelson</u>					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 22</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Sam St. Nelson</u>			(14) NAME BEFORE MARRIAGE <u>Myers Knox</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>104</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>104</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S. P. M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour, M., or P. M.)</small>					
(23) (Signature) <u>Malanda Scott</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>104 08</u>					
Given name added from a supplemental report					
(26) Witness <u>104</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>					
(27) Filed <u>Feb 29 22</u> (28) <u>J. J. Summers</u> 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.