

(1) PLACE OF BIRTH

County of MarionTownship of Reavesor
Loc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

27135

Registration District No. 3705Registered No. 65
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Elley L. By Nelson

If child is not yet named, make supplemental report as directed

1. SEX OR
GENDER4. Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH April 24, 1922
(Name) (Month) (Day) (Year)

FATHER.

2. FULL
NAMEElley Lawson Nelson3. PRESENT
POSTOFFICE
OF FATHERMarion S.C.12. COLOR
OR
RACECol.(11) AGE AT LAST
BIRTHDAY 36
(Years)

12. BIRTHPLACE

Marion S.C.

12. OCCUPATION

Farmer20. Number of children born to
mother, including present birth15

MOTHER.

(14) NAME BEFORE
MARRIAGEMamie Etta Parson(15) PRESENT
POSTOFFICE
OF MOTHERMarion S.C.(16) COLOR
OR
RACECol.(17) AGE AT LAST
BIRTHDAY 31
(Years)

(18) BIRTHPLACE

Marion, N.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was By alic at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

Mellon M. Coulter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullins T.C.Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed

July 1922

(28)

M. M. Coulter

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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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