

See also Vol 14

11659

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of Dr. Rael

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43066

Registration District No. 270 Registered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

Oliver Nelson

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

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Mar. 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Isaac Nelson

(9) PRESENT POSTOFFICE OF FATHER

Camden R-2

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

45  
(Years)

(12) BIRTHPLACE

Kershaw Co.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

{

## MOTHER.

(14) NAME BEFORE MARRIAGE

Millie Bolden

(15) PRESENT POSTOFFICE OF MOTHER

Camden R-2

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28  
(Years)

(18) BIRTHPLACE

Kershaw Co.

(19) OCCUPATION

Housekeeping

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

{

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Jones Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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.