

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town

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

5003

Registration District No. 38th

Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child Letha Rebecca Nelson

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

(1) BOY OR GIRL? girl(4) Twin or Triplet? twins(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 2, 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Johnnie Nelson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Bar(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Lick(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 11 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) MARY L. LICK(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1212 Denison St.

Even name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 15, 1923 (28) G. J. Nelson 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.