

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74060

## (1) PLACE OF BIRTH

County of OrangeTownship of Steeleor  
Inc. Town of Clemsonor  
City of Clemson

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

Registration District No. 359Registered No. 6

(For use of Local Registrar)

## (2) Full Name of Child

James Henry Nelson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? A.

(7) DATE OF BIRTH

8 Oct 14 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Henry Nelson

(9) PRESENT POSTOFFICE OF FATHER

Clemson S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Wagoner

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

{ 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucile Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Clemson

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Book-

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

{ 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Morcu Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

A. M. Williams

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

(27) Filed

8/19 1916

(28)

A. M. Williams

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.

MARGIN RESERVED FOR BINDING.  
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.  
McCaw, of Columbia.