

(1) PLACE OF BIRTH

County of CurryTownship of Laurelton

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar

21679

Registration District No. 2905 Registered No. 22
(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 George Duane Nelson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

boy

4) Twin or Triplet

no

5) Number in order of birth

1

6) Are Parents Married

yes

7) DATE OF BIRTH

July 22, 1923

8) FULL NAME

Reid Nelson

9) PRESENT POSTOFFICE OF FATHER

Ora, S.C.

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

34

12) BIRTHPLACE

near Madden, S.C.

13) OCCUPATION

farmer

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

three

14) NAME BEFORE MARRIAGE

Alice Pulley

15) PRESENT POSTOFFICE OF MOTHER

Ora, S.C.

16) COLOR OR RACE

white

17) AGE AT LAST BIRTHDAY

32

18) BIRTHPLACE

near Ora, S.C.

19) OCCUPATION

housewife

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

three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Hour M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Phys. 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 July 25, 1923(28) R. J. Donnan 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.

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