

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town

or

City of Columbia

(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

91456

Registration District No. 38-2 Registered No. 360

(For use of Local Registrar)

St.; Ward)

(No. 1927 June 4)

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

(2) Full Name of Child William Bernell Nelson(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Nelson(9) PRESENT POSTOFFICE OF FATHER 1927 June 4(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30 (12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Barber(14) NAME BEFORE MARRIAGE Rosea Petric(15) PRESENT POSTOFFICE OF MOTHER 1927 June 4(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1. 20 2 M., (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary L. Shapton(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1224 Shapton

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

(27) Filed June 11 191 6 (28) William A. Brown Local Registrar

Given name added from supplemental report

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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.