

(1) PLACE OF BIRTH

County of Charleston

Township of

OF

Inc. Town of

OR

City of Charleston

(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

Since Board of Health

No. for State Registrar Only

27421

Registration District No. 9 ARegistered No.
(For use of Local Registrar)(2) Full Name of Child Josephus Elizabeth Nelson

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>X</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 29 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. Webster Nelson(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 54
(Year)(12) BIRTHPLACE Charleston Co., S.C.(13) OCCUPATION Log. Sealer(20) Number of children born to mother, including present birth (4) Four

MOTHER.

(14) NAME BEFORE MARRIAGE Eulalie Just(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 44
(Year)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth (4) Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:12 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Dr. M. J. Thomas

(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 10/14 19 23

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.