

(1) PLACE OF BIRTH

County of SumterTownship of Philot

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 Only

66454

Registration District No. 4107Registered No. 59

(For use of Local Registrar)

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

2) Full Name of Child Rosa Lee Nelson If child is not yet named, make supplemental report as directed(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 13, 1906 (8) (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(9) FULL NAME <u>Fanny Nelson</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Rysh</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg, Va.</u>
(11) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(12) BIRTHPLACE <u>Sumter, S.C.</u>	(17) COLOR OR RACE <u>Black</u>
(13) OCCUPATION <u>Domestic</u>	(18) BIRTHPLACE <u>Sumter, S.C.</u>	(19) OCCUPATION <u>Housekeeping</u>	(20) Number of children of this mother now living, including present birth <u>10</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Sumter, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Rysh (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed 7-5 (28) L. B. McElven 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.

fifth month of pregnancy.