

Form No. 1

(1) PLACE OF BIRTH

County of

Anderson

Township of

Cecil

Inc. Town of

Pleasant

City of

(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

Boy Nelsy

No. for State Register only
34562Registered No. 151.
(For use of Local Registrar)

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Maudie Henderson

(15) PRESENT POSTOFFICE OF MOTHER

Pleasant

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(20) Number of children of the mother now living, including present birth

3

FATHER.

(8) FATHER'S NAME

George J. Nelsy

(9) PRESENT POSTOFFICE OF FATHER

Pleasant

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(12) BIRTHPLACE

SC

(13) OCCUPATION

Nels work

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

(29) 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.