

(1) PLACE OF BIRTH

County of Newberry
Township of 112
of
Inc. Town of
of
City of

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

No. 11393 - For State Registrar Only

Registration District Newberry Registered No. 21
LaKlaney Hill (For use of Local Registrar)
(No. 1 St.; 1 Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Normal</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age Previous Marriages <u>yes</u>	(7) DATE OF BIRTH <u>March 9, 1923</u> (Name of Month) (Day) (Year)
(8) FULL NAME FATHER <u>R. C. Nelson</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Franco Lester</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>LaKlaney Hill</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) BIRTHPLACE <u>S.C.</u>
(17) OCCUPATION <u>cellar</u>	(18) OCCUPATION <u>Domestic</u>	(19) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was 12-13 M., on the date above stated. (Born alive or stillborn) 12-13 M. or P. M.

(21) (Signature) [Signature]
(22) State whether Physician or Midwife Physician
(23) Address of Physician or Midwife 1128

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filled May 7, 1923 (26) [Signature] 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.

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MARRIAGE RECORDS FOR BIRTHS
WRITE PLAINLY. WITH UNPARENTHESIZED WORDS IN A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
FIRST-BOUN, No. 1. THE OTHER, No. 2, etc. IN QUESTION 2.
FORM No. 6
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.