

Form No. 1

(1) PLACE OF BIRTH

County of LinTownship of Lynchburg

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3002 Registered No. 176

(For use of Local Registrar)

(No. MAK 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 Minnie Nelson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 12, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Nelson(9) PRESENT POSTOFFICE OF FATHER Scranton S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Scranton S.C.(13) OCCUPATION farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Mack(15) PRESENT POSTOFFICE OF MOTHER Scranton S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Scranton S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Muldrow

(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 1/1 19 23 (28) J. F. McIntosh 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.