

(1) PLACE OF BIRTH

County of Beaufort
 Township of Bluffton
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
 State Board of Health

File No. For State Registrar Only

58773

Registration District No. 601 Registered No. 23
 (For use of Local Registrar)

(2) Full Name of Child infant not named

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH May, 22, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Neptune Nelson(9) PRESENT POSTOFFICE OF FATHER Ocheta P. O. S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 70
(Years)(12) BIRTHPLACE Beaufort County, S.C.(13) OCCUPATION Farmer & U.S. pensioner(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Olive Jenkins(15) PRESENT POSTOFFICE OF MOTHER Ocheta P. O. S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Beaufort County S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. Mangels

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Ocheta P. O. S.C.

Given name added from a supplemental report

(26) Witness W. J. Tripf
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled June 2, 1916 (28) W. J. Tripf
Registrar 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.