

## (1) PLACE OF BIRTH

County of *Waltham*Township of *Hop*or  
Inc. Town of

City of

(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

2686

Registration District No. *4301*Registered No. *6*

(For use of Local Registrar)

(2) Full Name of Child *Catharine Nelson*

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

(1) BOY OR GIRL? *Girl*

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *10-21-1922*

(Month of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME *James Nelson*(14) NAME BEFORE MARRIAGE *Renee Green*(9) PRESENT POSTOFFICE OF FATHER *Greenville S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *28* (Years)(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *29* (Years)(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *2*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Laurie H. King*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife Greenville 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 *Jan 28 1923*(28) *J. R. Blackwell*

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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THIS IS A PRELIMINARY BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1. THIRD OTHER, No. 3, etc., in question 1.

Caw. of Columbia