

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Centerville

or

Inc. Town of .....

or

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

Registration District No. 708

File No.—For State Registrar Only

29103

Registered No. 90  
(For use of Local Registrar)(2) Full Name of Child Edward Nelson

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 7 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. Nelson

(9) PRESENT POSTOFFICE OF FATHER

Cross St.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE

Berkeley County

(13) OCCUPATION

Farmer

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

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Singleton

(15) PRESENT POSTOFFICE OF MOTHER

Cross St.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE

Berkeley County

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 99 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Singleton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

(26) Witness Wm. Cross

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

(27) Filed Sept 18 1922(28) D. W. Cross 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.

NOTE: 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.