

(1) PLACE OF BIRTH

County of Laurens

Township of

or
Inc. Town ofCity of Laurens

(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

43231

Registration District No. 29^aRegistered No. 149

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Maec Nelson { If child is not yet named, make supplemental report as directed(1) BOY ☒ GIRL ☐ (4) Twin or Triplet? ☐ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Dec. 29, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Horace Nelson(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Cotton mill work(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Roberts(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Tenn(19) OCCUPATION Domestic(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 at 10 a M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. M. Beaudin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

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Registrar

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

(27) Filed 1-2-23 (28) C. Kennedy 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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