

(1) PLACE OF BIRTH

County of Sumter
Township of Prichard
OR
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 30335
-For State Registrar Only

Registration District No. 4404 Registered No. 78
(For use of Local Registrar)

City of (No. St. Word)
(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

(2) Full Name of Child Annie and John Nelson (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD and (4) Twin or Triplet Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 4 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jackie Wilson
(9) PRESENT POSTOFFICE OF FATHER Tudal SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Sumter County
(13) OCCUPATION Farm Hand
(14) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Lena Wilson
(15) PRESENT POSTOFFICE OF MOTHER Tudal SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE Sumter County
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mag Pearson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tudal SC

(Given name added from a supplemental report)

(26) Witness Chas Broyles
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Date Sept 8 23 (28) Joe Broyles Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is deemed valid unless before the fifth month of pregnancy.