

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4404

No. 30335

30335

Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child

Anne and John Nelson

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

(3) SEX OF CHILD

and

(4) Twin or Triplet

Twin

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Age

Married

(7) DATE OF BIRTH

Sept 4 23

(Name of Month)

(Day)

(Year)

FATHER.

(8) FULL NAME

Jennie 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

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 born to mother, including present birth

Three

(21) 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 or stillborn

on the date above stated.

(23) (Signature)

Mag Pearson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Tudal SC

(Given name added from a supplemental report)

(26) Witness

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

John Brody

(27) Date

Sept 8 23

19 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 sufficient before the fifth month of pregnancy.