

(1) PLACE OF BIRTH

County of G

Township of

or
Inc. Town ofor
City of Charleston (No. 473 Mealy St. Ward)

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

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 8th 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edd Nelson(9) PRESENT POSTOFFICE OF FATHER S.C. City(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Kentucky(13) OCCUPATION Barber(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Morris(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. D. Bell(24) State whether Physician or Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report

Oct. 29, 1916P. Vincent

Registrar

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

(27) Filed 9/15 1916 (28) J. Mercer Green, M.D. 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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