

WRITE PLAINLY, WITH EXPANDED ENK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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|---|--|---|---|--|--|
| (1) PLACE OF BIRTH County of <u>Colum</u> Township of <u>Bigg</u> or Inc. Town of _____ or City of _____ (No. _____ St.; _____ Ward) (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 9663 | |
| | | Registration District No. <u>204</u> | | Registered No. <u>251</u> (For use of Local Registrar) | |
| (2) Full Name of Child <u>Nelson Harold Attorney</u> (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) BOY OR GIRL? <u>m</u> | (4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets | (5) Number in order of birth <u>6</u> | (6) Are Parents Married? <u>y</u> | (7) DATE OF BIRTH <u>Mar 10</u> 19 <u>22</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>M. B. Attorney</u> | | | (14) NAME BEFORE MARRIAGE <u>Edith Gregory</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Marionville S. D.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Marionville S. D.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) | | |
| (12) BIRTHPLACE <u>Colum Co</u> | | | (18) BIRTHPLACE <u>Colum Co</u> | | |
| (13) OCCUPATION <u>Mill operator</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>6</u> | | | (21) Number of children of this mother now living, including present birth <u>6</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | |
| (23) (Signature) <u>J. A. Monard</u> | (25) Address of Physician or Midwife <u>Greenville S. D.</u> |
| (24) State whether <u>Physician</u> | |
| Given name added from a supplemental report | |
| (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | |
| (27) Filed <u>May 3rd</u> 19 <u>22</u> <u>W. H. Threlkeld</u> 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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