

(1) PLACE OF BIRTH

County of CharlestonTownship of 1stInc. Town of 1stCity of 1st

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

(2) Full Name of Child

Bernard Nelson

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

(3) SEX OF CHILD

Boy

(4) Type of Triple

(5) Number in order of birth

(6) Date of birth

(7) Month of birth

(8) Day of birth

(9) Year of birth

FATHER.

(10) Full name

William Nelson

(11) Present occupation of father

Col. S. C.

(12) Color of father

Col.

(13) Age at last birthday

38

(14) Birthplace

Mt Pleasant

(15) Occupation

Crafter

(16) Number of children born to mother, including present birth

7

MOTHER.

(17) Full name

George Beckman

(18) Present occupation of mother

Col. S. C.

(19) Color of mother

Col.

(20) Age at last birthday

28

(21) Birthplace

Mt Pleasant

(22) Occupation

Domestic

(23) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(25) (Signature)

Alice

(26) State whether Physician or Midwife

Midwife

(27) Address of Physician or Midwife

154 Short St.

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(29) Filed

11/1/23

(30) 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.