

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bartholomew
Township of Chillicothe
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.--For State Registrar Only

28982

Registration District No. 513

Registered No. 48
(For use of Local Registrar)

(No. 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 Martha Nelson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

October 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Isaac Nelson

(9) PRESENT POSTOFFICE OF FATHER

Hickston SC 174

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

60
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Hand

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Crine

(15) PRESENT POSTOFFICE OF MOTHER

Hickston SC 174

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Wife and Field Hand

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

William J. Young

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Hickston SC 174

Given name added from a supplemental report

(26) Witness

J. M. Johnson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 28, 1922 (28) J. M. Johnson
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.