

1. PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....

or  
City of Columbia S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38a

FL 22 049379

Only

Registered No. ....  
(For use of Local Registrar)

(No. 1817 Marion St.; 4 Ward)

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

2. FULL NAME OF CHILD

Katherine Elizabeth Nelson

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

3. Boy or Girl Girl If Plural births ..... 4. Twin, triplet or other ..... 6. Premature ..... 7. Are Parents Married? yes  
5. Number, in order of birth ..... Full term yes 8. Date of birth Mar 20, 1922  
(Month, day, year)

9. Full name Daniel Edward Nelson FATHER

18. Name before marriage Alma Payer MOTHER

10. Residence (mailing address) 1817 Marion St.  
(If non-resident, give place and State)

19. Residence (mailing address) Same  
(If non-resident, give place and State)

11. Color or race W 12. Age at child's birthday 19 (years)

20. Color or race W 21. Age at child's birthday 19 (years)

13. Birthplace (city or place) Columbia Co. S.C.  
(State or country)

22. Birthplace (city or place) Columbia Co.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Mc K & R

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Nov, 19.....

25. Date (month and year) last engaged in this work ..... 19.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....  
Before labor .....  
During labor .....

28. If stillborn, period of gestation ..... months weeks 29. Cause of stillbirth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 P on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 8:20 m. on above date 20% Argand  
(Name of Prophylactic)

Cleft Palate 0 Hare Lip 0 Other Deformities 0  
Specify

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo. K. Nelson, M. D.

or ..... Midwife

Given name added from a supplementary report.....  
(Date of)

Address Columbia S.C.

Filed Sept 8, 1942 M.B. Woodward, M. D.  
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
 (See instructions on Back of Certificate.)

8/29/42