

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.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____

or
City of Columbia S.C.

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

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)

2. FULL NAME OF CHILD

Katherine Elizabeth Nelson

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

3. Boy or Girl Girl 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Mar 20 1922

9. Full name FATHER Daniel Edward Nelson

18. Name before marriage MOTHER Alma Player

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) Charleston S.C.
(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. me 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 _____

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.

I certify that I instilled or had instilled in the eyes of this child at 8:20 m. on above date 20% Argylol

Cleft Palate 0 Hare Lip 0 Other Deformities 0

{ 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

Address Columbia S.C.

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

State Registrar

Local Registrar