

(1) PLACE OF BIRTH

County of Newberry

Township of

Inc. Town of

City of Newberry

(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

No. 11.—For State Registrar Only

11352

Registration District No. 34 Registered No. 44

(For use of Local Registrar)

(No. Newberry St. Third Ward)

(2) Full Name of Child

Norman Edward Nelson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 9, 1918
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Frank T. Nelson

(9) PRESENT POSTOFFICE OF FATHER Newberry, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Off. Mail Spec. Del.

(14) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Mellie Thomas

(15) PRESENT POSTOFFICE OF MOTHER Newberry, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date M. or P. M.)

(22) (Signature) E. H. Smith(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Newberry, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed May 7, 1918 (27) L. L. Cunningham 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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MAKING UNRECORDED FOR RECORDED
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5