

Form No 1.

(1) PLACE OF BIRTH

County of Charleston
Township of Edisto BldInc. 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

71802

Registration District No. 9.D.2Registered No. 164

(For use of Local Registrar)

City of (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 Emma Nelson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug 13 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jacob Nelson

(9) PRESENT POSTOFFICE OF FATHER

Edisto Island

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

36 (Years)

(12) BIRTHPLACE

Edisto Island

(13) OCCUPATION

Farmer

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

{ 4

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Seabrook

(15) PRESENT POSTOFFICE OF MOTHER

Edisto Bld

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Edisto Island

(19) OCCUPATION

Laborer

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

{ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above, at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline X Seabrook

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeEdisto Bld

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed Aug 14 1916

(28)

J. M. M. M. M. M.

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.

WRITE 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 3.
McGraw, of Columbia.