

Form No. 1.

# CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Charleston  
Township of Edisto Isld.

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

File No. For State Registrar Only  
71802

Inc. Town of ..... Registration District No. 9.D.2. Registered 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 ..... (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 Isld.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Edisto Island  
(19) OCCUPATION Labourer  
(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 9 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Caroline K. Seabrook  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edisto Isld.

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. Sumner Whaley 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 REQUIREMENT. INCORPORATE THE NAME OF THE CHILD IN THE TITLE OF THE REPORT. 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. McCRAW, of Columbia.