

Form No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of Blytheville  
 or  
 Inc. Town of .....  
 or  
 City of William James

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**31985**

Registration District No. 3800 Registered No. 114  
 (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 James M. Nelson If child is not yet named, make supplements report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Robert Nelson  
 (9) PRESENT POSTOFFICE OF FATHER College Place  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 54  
 (Years)  
 (12) BIRTHPLACE Farmfield co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Louisa Center  
 (15) PRESENT POSTOFFICE OF MOTHER College Place  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Richland co  
 (19) OCCUPATION House wife  
 (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 alive at 2a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Boulware

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife College Place

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 19, 22

(28)

W. M. Nelson

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.

MAILED SEPTEMBER 20, 1922  
 WITH UNFOLDING INFO.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.