

(1) PLACE OF BIRTH

County of Pickens
 Township of Central

or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Civil Statistics
 State Board of Health

FILED - PICKENS COUNTY
 29794

Registration District No. 32nd

Registering No. 174
 (For use of Local Registrar)

(My 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 Gilley, Gen. Nash If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL? girl (b) Twin or triplet? no (c) Number in order of birth 1 (d) Are Parents Married? no (e) DATE OF BIRTH Sept 15 1923
 (Name & Month) (Day) (Year)

FATHER.
 (1) FULL NAME Prince Henry Nash
 (2) PRESENT POSTOFFICE OF FATHER Washington, D.C.
 (3) COLOR OR RACE Colored (4) AGE AT LAST BIRTHDAY 24 (Years)
 (5) BIRTHPLACE Antiochville S.C.
 (6) OCCUPATION
 (7) Number of children born to mother, including present birth 7

MOTHER.
 (1) NAME BEFORE MARRIAGE Lula Mae Grier
 (2) PRESENT POSTOFFICE OF MOTHER Pendleton S.C.
 (3) COLOR OR RACE Colored (4) AGE AT LAST BIRTHDAY 20 (Years)
 (5) BIRTHPLACE Antiochville S.C.
 (6) OCCUPATION Housewife
 (7) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, on Sept 15 1923, at 5:15 P.M.
 (Born alive or stillborn) (Hour & M. of Day)

(23) (Signature) Midwife Maria English
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Calhoun S.C.

Given name added from a supplemental report

(26) Witness E. W. Jones
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 16 1923 (28) H. B. Bearden
 Registrar

When there was no attending physician or midwife, then the father, household, 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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