

(1) PLACE OF BIRTH

County of GreenvilleTownship of Saimeuor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

4347

Registration District No. Registered No.
(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child Nolan Louis Nash If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cabin A. Nash(9) PRESENT POSTOFFICE OF FATHER Mount. In S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE Greenville Co. S.C.(13) OCCUPATION Farmer - Cotton + Corn(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Corie M. Cheek(15) PRESENT POSTOFFICE OF MOTHER Mount. In S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE Lanier Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was R. O. Nash at 8:40 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. In S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.