

MARGEN RESERVED FOR INDEXING.
WHEN 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 5.

McClaw, of Columbia

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or Inc. Town of

or City of *Charleston*

(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

80513

Registered No. *1097*
(For use of Local Registrar)(2) Full Name of Child *Edmond Strudwick Nash*

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

(3) BOY OR GIRL? *G*

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of twins or triplets)

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edmond Strudwick Nash

(9) PRESENT POSTOFFICE OF FATHER

Charleston(10) COLOR OR RACE *W*

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

U. C.

(13) OCCUPATION

Phosphates

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Charleston(16) COLOR OR RACE *W*

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

U. C.

(19) OCCUPATION

—

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

3

(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 *born alive* *8 P.*
on the date above stated. *born alive or stillborn* *(Hon.) A. M. or P. M.*(23) (Signature) *H. H. Nash M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *10/12/16*

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(28)

J. M. Green M.D.
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.

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Registrar

Filed *10/31*19 *16**J. M. Green, M.D.*

Corrected

JUN 20 1940

LEON SANDY, M.D.

REGISTRAR