

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Compahello
 or
 Inc. Town of Compahello
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22590

Registration District No. 40.0.6-A Registered No. 68
 (For use of Local Registrar)

(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 241-11-4 May 71 Ash If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Male (4) Type of Birth yes (5) Number in order of birth 1st (6) Are Parents Married yes (7) DATE OF BIRTH July 14 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Nash

(9) PRESENT POSTOFFICE OF FATHER Compahello SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 43
 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Police

(14) Number of children born to mother, including present birth 10

MOTHER.

(15) NAME BEFORE MARRIAGE Carrie Davis

(16) PRESENT POSTOFFICE OF MOTHER Compahello

(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 31
 (Year)

(19) BIRTHPLACE SC

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Carrie Davis

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

Given name added from a supplemental report

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

(27) Filed 5/18 1923 James M. Ford 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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