

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Rock

or

Inc. Town of

or

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

Registration District No. 2201Registered No. 9

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Annie Belle Nash

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH Feb 19 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cleveland Gray(9) PRESENT POSTOFFICE OF FATHER Baltimore Md(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Anderson Co S.C.(13) OCCUPATION Unknown(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Kate Nash(15) PRESENT POSTOFFICE OF MOTHER James River S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION at home(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 or stillborn on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Chas P. Person(24) State whether Physician or Midwife M.F. (25) Address of Physician or Midwife Traveler's Rest 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 Feb 1916(28) Dr E.C. Howard

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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MAKING RELEVANT FOR BIRTH RECORDING  
 WRITING PLAINLY, WITH UNFOLDING INK—THEN IN A PERMANENT RECORD.  
 No. 2.—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.  
 W. McCaw, of Columbia