

(1) PLACE OF BIRTH

County of

Township of

or
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

26153

Registration District No. 22A

Registered No. 389
(For use of Local Registrar)(2) Full Name of Child *Walter Robb Nash* { If child is not yet named, make supplemental report as directed(4) Twin or Triplet? *X* (5) Number in order of birth *1st* (6) Sex *Male* (7) DATE BIRTH *June 7 22*
(Name of Month) (Day) (Year)FATHER. *J A Nash* MOTHER. *Grace Robb*(8) FULL NAME *J A Nash* (14) NAME BEFORE MARRIAGE *Grace Robb*(9) PRESENT POSTOFFICE OF FATHER *2112 Mallard St.* (15) PRESENT POSTOFFICE OF MOTHER *Dunn.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *27* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27*
(Years) (Years)(12) BIRTHPLACE *Texas.* (18) BIRTHPLACE *Atlanta Ga*(13) OCCUPATION *Insurance Agent* (19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *1* (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* (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *[Signature]* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *[Address]*Given name added from a supplemental report
....., 191.....
..... Registrar(26) Witness *[Signature]* (Signature of Witness necessary only when question 23 is signed by male)
(27) Filed *Aug 19 22* (28) *[Signature]* 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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