

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of Greenwood, S.C.

(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

Registration District No. 73 Registered No. 14292

(For use of Local Registrar)

(No. Greenwood Hospital St. Wid)

(2) Full Name of Child Yvonne Seal Nass If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type of Infant To be reported only in event of Twin or Triplet (5) Number in order of birth Yes (6) DATE OF BIRTH May 27, 1903

FATHER.

(8) FULL NAME Otis E. Nass

(9) PRESENT RESIDENCE OF FATHER Greenwood, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Tennessee

(13) OCCUPATION Newspaper Mechanic

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

MOTHER.

(16) FULL NAME Verna Seal

(17) PRESENT RESIDENCE OF MOTHER Greenwood, S.C.

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 37 (Years)

(20) BIRTHPLACE Greenwood Co., S.C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (How A. M. or P. M.) 12:45 P.M.
on the date above stated.

(24) (Signature) C. H. Blake, M.D. (25) Address of Physician or Midwife Greenwood, S.C.

Physician

Given name added from a supplemental report

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

(27) Signed John G. ... (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.

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