

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Greenville STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Fairview State Board of Health

File No.—For State Registrar Only
46347

Inc. Town of Ft. Inn Registration District No. 2206 Registered No. 2
(For use of Local Registrar)
City of _____ (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 not named } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? _____ <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Clarence A. Nash</u>	(14) NAME BEFORE MARRIAGE <u>Carry Mc Knight</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Ft. Inn S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ft. Inn S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Ft. Inn S.C.</u>	(18) BIRTHPLACE <u>Ft. Inn S.C.</u>			
(13) OCCUPATION <u>Merchant</u>	(19) OCCUPATION <u>Housework</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. A. Thomas
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Ft. Inn S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 10 1916 (28) J. B. Duckett
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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 S. C. DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 COLUMBIA, S. C.
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