

(1) PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46347

Township of

Inc. Town of

City of

Registration District No. 2206

Registered No. 2

(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

not named

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan

5

1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence A. Nash

(9) PRESENT POSTOFFICE OF FATHER

Ft. Inn S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Ft. Inn, S.C.

(13) OCCUPATION

Merchant

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Carry Mc Knight

(15) PRESENT POSTOFFICE OF MOTHER

Ft. Inn S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Ft. Inn, S.C.

(19) OCCUPATION

Housework

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

12

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

(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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Form No. 1, 1915, PREPARED FOR THE

STATE BOARD OF HEALTH, DIVISION OF VITAL STATISTICS, COLUMBIA, S. C.

To be filled out by the physician or midwife attending the birth, or by the father, householder, etc., if no attending physician or midwife is present. Fill in a separate report for each child, and mark the

Law of Columbia