

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 607
607County of CharlestonTownship of Wad. Twp.or Inc. Town of Wad. Twp.City of Wad. Twp.Registration District No. 943Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Michael Nash Jr.

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

| | | | |
|--------------------------------|------------------------------------|--|--|
| (3) SEX OF CHILD <u>Boy</u> | (4) Type of Birth <u>Normal</u> | (5) Number in Order of Birth <u>1</u> | (6) Date of Birth <u>Jan 29, 1923</u> |
|--------------------------------|------------------------------------|--|--|

FATHER
(7) FULL NAME Michael Nash(8) PRESENT ADDRESS OF FATHER Marble Point(9) COLOR OF FATHER Black (10) AGE AT LAST BIRTHDAY 49(11) BIRTHPLACE OF FATHER Wad. Twp.(12) OCCUPATION OF FATHER Farmer(13) Number of children born to mother, including present birth 9MOTHER
(14) FULL NAME Larch Oliver(15) PRESENT ADDRESS OF MOTHER Marble Point(16) COLOR OF MOTHER Black (17) AGE AT LAST BIRTHDAY 29(18) BIRTHPLACE OF MOTHER Wad. Twp.(19) OCCUPATION OF MOTHER House Wife(20) Number of children of the mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)

| | |
|---|---|
| (22) Signature of Physician or Midwife <u>Thos. Washington</u> | (23) Address of Physician or Midwife <u>Marble Point</u> |
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Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only when question 23 is signed by mother)(25) Filed Jan 29, 1923 (26) Registrar St. H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired of a stillborn child before the fifth month of pregnancy.