

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

**26698**

(1) PLACE OF BIRTH  
 County of York  
 Township of York  
 or  
 Inc. Town of .....  
 or  
 City of .....

Registration District No. 4404 Registered No. 72  
 (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 David P. Nush If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD B (4) Type of Twin X (5) Number in order of birth X (6) DATE OF BIRTH July 2, 1928  
 To be covered only in case of Twin or Triplets

(7) FATHER  
David P. Nush  
 (8) PRESENT RESIDENCE OF FATHER  
Ross Hill #3  
 (9) COLOR OR RACE Cal (10) AGE AT LAST BIRTHDAY 24 (Years)  
 (11) BIRTHPLACE  
York Co.  
 (12) OCCUPATION  
Farm Hand  
 (13) Number of children born to mother, including present birth 3

(14) MOTHER  
Alberta Nush  
 (15) PRESENT RESIDENCE OF MOTHER  
R.H. #3  
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE  
York Co.  
 (19) OCCUPATION  
Farm Hand  
 (20) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was ..... on the date above stated.

(22) (Signature) David P. Nush (23) State whether Physician or Midwife (24) Address of Physician or Midwife

When made from a supplement-  
 and Report

(25) Witness ..... (Signature of Witness necessary only when question 21 is signed by mark)  
 (26) Filed ..... (27) Local Registrar

When made from a supplement- and Report, then the father, householder, etc., should make this return. No report is desired of stillbirths before the birth month of pregnancy.