

Form No. 1

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or  
Inc. Town of Greenville

City of .....

(No. .... St.; .... Ward)  
(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

File No. - For State Registrar Only

2848.1

Registered No. 117  
(For use of Local Registrar)

(2) Full Name of Child Isabel Nakafly

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

3. ~~BOY~~  
GIRL

(4) Twin  
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in  
order of birth

(6) Are  
Parents  
Married yes

(7) DATE OF

BIRTH Sept. 10, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME Isabel Nakafly

(9) PRESENT  
POSTOFFICE  
OF FATHER Greenville

(10) COLOR  
OR  
RACE W.

(11) AGE AT LAST  
BIRTHDAY 26  
(Years)

(12) BIRTHPLACE W.

(13) OCCUPATION Nothing Listed

(20) Number of children born  
mother, including present birth 2

MOTHER.

(14) NAME BEFORE  
MARRIAGE Nodie Waters

(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenville

(16) COLOR  
OR  
RACE W.

(17) AGE AT LAST  
BIRTHDAY 25  
(Years)

(18) BIRTHPLACE W.

(19) OCCUPATION Housewife

(21) Number of children of this mother  
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M.  
on the date above stated. (Born alive or stillborn) (Hour) (Month) (Day)

(23) (Signature) M.A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville

Given name added from a supplement-  
al report

(26) Witness

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

(27) Filed Oct. 10, 1923

(28) L. L. Richardson  
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.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1 THE OTHER, NO. 2, etc., in question 3

Sec. 10, Columbia, Columbia, S.C.