

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Chapin

OF

Inc. Town of .....

OF

City of .....

(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

No. for State Registrar

21143

Registration District No. 2200Registered No. 59  
(For use of Local Registrar)

## (2) Full Name of Child

Nashleen Luff

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

3. SEX OF CHILD <u>Girl</u>	4. Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married <u>Yes</u>	7. DATE OF BIRTH <u>July 13 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>James Milton Luff</u>			14. NAME BEFORE MARRIAGE <u>Sora Francis Whalley</u>	
9. PRESENT POST OFFICE OF FATHER <u>Greenville S.C.</u>			15. PRESENT POST OFFICE OF MOTHER <u>Greenville S.C. Route 4</u>	
10. COLOR OR RACE <u>W</u>			16. COLOR OR RACE <u>W</u>	
11. AGE AT LAST BIRTHDAY <u>23</u>			17. AGE AT LAST BIRTHDAY <u>17</u>	
12. BIRTHPLACE <u>Greenville S.C. Route 4</u>			13. BIRTHPLACE <u>Mauldin S.C.</u>	
18. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>1</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 White (Born alive or stillborn) 1036 (Month or Year) 1923 on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 10 1923(28) [Signature]

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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