

1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Town of
 or
 City of

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

File No. - For State Registrar Only
403

Registration District No. Registered No.
 (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 Margaret Henry Nash

BOY OR GIRL Girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married Yes DATE OF BIRTH Feb 2 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 FULL NAME Carl Nash
 PRESENT POSTOFFICE OF FATHER Greenville
 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 BIRTHPLACE Greenville S.C.
 OCCUPATION Farmer
 Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Miss Henry
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Greenville S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:45 A.M. on the date above stated. Hour A. M. or P. M.

(22) (Signature) J. P. ... (23) Address of Physician or Midwife Greenville
 (24) State whether Physician or Midwife

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 19 (27) 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