

(1) PLACE OF BIRTH

County of Granberry
 Township of Cokeberry
 or
 Inc. 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
4127

Registration District No. 23.0 X Registered No. 4
 (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 Julia Aschals Nash If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Nash</u>			(14) NAME BEFORE MARRIAGE <u>Etta Washington</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg St</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
(12) BIRTHPLACE <u>Cokeberry St</u>			(18) BIRTHPLACE <u>Cokeberry St</u>	
(13) OCCUPATION <u>Driver</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</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 Albion at 3:30 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Harrison

(24) State whether Physician or Midwife.

(25) Address of Physician or Midwife
Orangeburg St

Given name added from a supplement-
 tal report

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

(27) Filed Feb 12, 1923 (28) S. J. Harrison
 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.

WRITE PLAINLY. WITH SPACING. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.