

Form No. 1

## (1) PLACE OF BIRTH

County of SpencerTownship of Wilmington

or Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22614

Registration District No. 4, P. D. 2 Registered No. 1, 2  
(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 Napoleon Elmore Nash child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 4, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elmore Nash(9) PRESENT POSTOFFICE OF FATHER Glenn Springs(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 39  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Mandarin Murphy(15) PRESENT POSTOFFICE OF MOTHER Glenn Springs SC(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 33  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:22 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose & Jones (24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Glenn Springs

Given name added from a supplemental report

(26) Witness J. C. White  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 15, 1923 (28) Mrs. J. C. White 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.