

(1) PLACE OF BIRTH

County of Laurens
 Township of Diola
 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

43271

Registration District No. 2901 Registered No. 122
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Bessie Nash (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Homer Nash</u>	(14) NAME BEFORE MARRIAGE	<u>Eily M. Mahoney</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Gray Court S.C. #4</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Gray Court S.C. #4</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>33</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>24</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housework</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>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) H.B. Stewart
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens 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 Dec 22 19 23 (28) H. C. Mahan 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.