

## (1) PLACE OF BIRTH

County of GreenTownship of Green HillInc. Town of Green HillCity of Green Hill

(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

File No.—For State Registrar Only

24677

Registration District No. 2209BRegistered No. 262  
(For use of Local Registrar)(2) Full Name of Child Willie R. Nash

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

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 11 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John R. Nash(9) PRESENT POSTOFFICE OF FATHER Green Hill SC(10) COLOR OR RACE Leal (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Green Hill SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Nelson(15) PRESENT POSTOFFICE OF MOTHER Green Hill SC(16) COLOR OR RACE Leal (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Green Hill SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. F. Walker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Green Hill SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 1 1923 (28) Thos. F. McAfie 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 24th month of pregnancy.

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