

When filling, with ENCLAVE THE-THIS IS A PREPARATORY BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of DeKalb  
Township of Center  
OF  
Inc. Town of .....  
OF  
(City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**4720**

Registration District No. 3500 Registered No. 11  
(For use of Local Registrar)

(2) Full Name of Child A. S. Fox

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twin or Triplet

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 22, 23  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Herold Hix  
(9) PRESENT POSTOFFICE OF FATHER Westminster  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
(Year) (12) BIRTHPLACE SE  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Sular Standard  
(15) PRESENT POSTOFFICE OF MOTHER Westminster  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(Year) (18) BIRTHPLACE SE  
(19) OCCUPATION Farming  
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Midwife Matilda Wiley  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Westminster SC

(Given name added from a supplemental report)  
..... 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 1, 1923 (28) P. P. Madison 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.