

## (1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(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 use

33574

Registration District No. 3703

Registered No. 22  
(For use of Local Registrar)

## (2) Full Name of Child Earnest Nix

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

(3) SEX

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes.

(7) DATE OF

BIRTH

Sept. 8, 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Bunion Nix

(9) PRESENT POSTOFFICE OF FATHER

Summit, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

44

(12) BIRTHPLACE

Pickens Co. - S.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ardella Gant

(15) PRESENT POSTOFFICE OF MOTHER

Summit, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Pickens Co. - S.C.

(19) OCCUPATION

House Wife

(20) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was...  
on the date above stated.at 2:00 P.M.  
(Born alive or stillborn) at P. M. or P. M.)

(22) (Signature)

Mrs Margaret Monroe

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

Nine Times St.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Oct. 1, 23

(27)

A. T. Winchell  
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.