

Form No. 10. MARGIN RESERVED FOR INDEXING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of W. Mis. Burg.
 Township of Hope
 or
 Inc. Town of Greelyville
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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
44934

Registration District No. 4301 Registered No. 175
 (For use of Local Registrar)

(2) Full Name of Child Rubin Ella Nixon } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31 1915
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Walter Nixon
 (9) PRESENT POSTOFFICE OF FATHER Greelyville
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Black Smith
 (20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Susan E. Mitcham
 (15) PRESENT POSTOFFICE OF MOTHER Greelyville
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Isaac N. Boyd M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Atkins S. C.

Given name added from a supplemental report _____, 191...
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed Dec. 8 1915 (28) E. O. Taylor, M.D. 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.