

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of State

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

32518

Registration District No. 41.09 Registered No. 54
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Jack Nixon</u>	(14) NAME BEFORE MARRIAGE <u>Cornelia Nixon</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Horatio St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Horatio St.</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Sumter Co.</u>	(18) BIRTHPLACE <u>Sumter Co.</u>	(13) OCCUPATION <u>carmer</u>	(19) OCCUPATION <u>farm laborer</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 alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) <u>Edith Howard</u>	(24) State whether Physician or Midwife <u>midwife</u>	(25) Address of Physician or Midwife <u>Wabbeville</u>
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Given name added from a supplemental report	(26) Witness <u>Miss Quairan Sanders</u> (Signature of Witness necessary only when question 23 is signed by mark)
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(27) Filed <u>Sept 10, 1922</u>	(28) <u>Benj. Sanders</u> Local Registrar
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*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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH A READING INK—THIS IS A PERMANENT RECORD.
 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.