

THIS OR TRIPLETS AND SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Jackson
Township of H
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
31832

Registration District No. 3104 Registered No. 24
(For use of Local Registrar)

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

(2) Full Name of Child Jessie Mae Nix

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 (6) Are Parents Married? ye (7) DATE OF BIRTH 9/19 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Rock Nix
(9) PRESENT POSTOFFICE OF FATHER Central #4 St.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Jackson Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Julia Stephens
(15) PRESENT POSTOFFICE OF MOTHER Central #4
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Central #4
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs Julia Nix
(24) State whether Physician or Midwife ✓ (25) Address of Physician or Midwife ✓

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) J. M. Gandy
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.

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