

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
N. R.—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 Wade  
 Township of Reefers  
 or  
 Inc. Town of Brumson  
 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  
**22569**

Registration District No. 1402 Registered No. 87  
 (For use of Local Registrar)

**(2) Full Name of Child** Doris Cordelia Nix (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 25</u> 19 <u>22</u> (Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>Doris E W Nix</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. J. S. Gold</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Brumson SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Brumson</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Brumson SC</u>	(18) BIRTHPLACE <u>Brumson SC</u>	(19) OCCUPATION <u>Teacher</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) John W. Nix  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife Brumson SC

Given name added from a supplemental report: \_\_\_\_\_

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

(27) Filed July 31 1922 (28) J. W. Rogers 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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