

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

(2) Full Name of Child Garnie May Nixon

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

(3) SEX OF GIRL? (4) Twin or triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ira B. Mayfield(9) PRESENT POSTOFFICE OF FATHER 146 Burnell St. Anderson(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE San Cal.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 4

MOTHER

(15) NAME BEFORE MARRIAGE Myrtle M. Stone(16) PRESENT POSTOFFICE OF MOTHER 146 Burnell St. Anderson S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE Ga.(20) 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 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) I. M. Stone (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

See off. Jan 18, 1923
M. B. Woodward M.D.
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 30 1923 (28) F. B. CRAYTON
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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