

Form No. 1

(1) PLACE OF BIRTH

County of Hampton
 Township of Scotia
 or
 Inc. Town of Scotia
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

38773

Registration District No. 2401Registered No. 88
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Henry Nixon

(9) PRESENT POSTOFFICE OF FATHER Scotia R.T.D.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29
 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE Lessie Williams

(15) PRESENT POSTOFFICE OF MOTHER Scotia R.T.D.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25
 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Farmer Labourer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Hana
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scotia SC

Given name added from a supplemental report

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

(27) Filed 9/18 22 (28) W. F. Peller 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.