

## (1) PLACE OF BIRTH

County of .....

Township of .....

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

19012

Registration District No. 2522

Registered No. 83  
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? Twin

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 1st 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Winfield Rix

(9) PRESENT POSTOFFICE OF FATHER

Conway S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE

Horry Co

(13) OCCUPATION

Farmer

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

17

## MOTHER.

(14) NAME BEFORE MARRIAGE

Gussie Rhedent

(15) PRESENT POSTOFFICE OF MOTHER

Conway S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

Horry Co

(19) OCCUPATION

Housewife

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

16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:30 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Dearborn

(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 June 5, 1922

(28) 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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