

## (1) PLACE OF BIRTH

County of Terrell  
 Township of East Rock  
 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  
**19123**

Registration District No. 302 Registered No. 20  
 (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 Hazel 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 1 (6) Are Parents Married? yes 7) DATE OF BIRTH June 19, 1922  
 (Month) (Day) (Year)

## FATHER.

8) FULL NAME Harrie Nixon  
 9) PRESENT POSTOFFICE OF FATHER Westville S.C.  
 10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 Years  
 12) BIRTHPLACE De Kalb. S.C.  
 13) OCCUPATION Farming  
 14) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Lula Perry  
 15) PRESENT POSTOFFICE OF MOTHER Westville S.C.  
 16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 Years  
 18) BIRTHPLACE De Kalb S.C.  
 19) OCCUPATION House wife  
 20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alive ..... at 4:40 P.M.,  
 on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.)

(23) (Signature) Harriet Thessell  
 (24) State whether Physician or Midwife Midwife Westville S.C.

(Given name added from a supplemental report)

(25) Witness Mrs. Mike Jones  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/10 1922 (28) D. B. Burfield  
 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.