

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

88573

Registration District No. 704 Registered No. 48

(For use by Local Registrar)

(2) Full Name of Child

Berkeley Nixon

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec 18 1906 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Garrison

(9) PRESENT POSTOFFICE OF FATHER Jamestown S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Berkeley Co.

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Polly Nixon

(15) PRESENT POSTOFFICE OF MOTHER Jamestown S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Berkeley Co.

(19) OCCUPATION Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. D. Gamble

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jamestown S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Jan 1st 191...

(28) D. D. Gamble

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.

THIS IS A PERMANENT RECORD.
 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.
 McCaw, of Columbia.