

16 093547

1. PLACE OF BIRTH

County of Dorchester
 Township of Collins
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

92475-a

Registered No. _____

(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 Nelson Barney Fox {If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are Parents Married? yes 8. Date of birth Feb 22nd, 1916
 5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name FATHER Barney Fox18. Full maiden name MOTHER Sallie Platt Fox

10. Residence (usual place of abode) (If non-resident, give place and State) _____

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 37 (Years)20. Color or race white 21. Age at last birthday _____ (Years)13. Birthplace (city or place) Dorchester (State or country) Dorchester22. Birthplace (city or place) Dorchester (State or country) Dorchester County14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dorchester County

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19 _____

25. Date (month and year) last engaged in this work _____, 19 _____

27. Number of children of this mother (At time of birth and including this child) 8 (a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, { months _____ weeks _____ 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed Sallie Fox Mother, M. D.)

Give name added from _____, Midwife

a supplemental report _____ (Date of) _____

Address _____

Filed 5-29, 1934

Registrar. _____ Registrar. _____