

16 093547

1. PLACE OF BIRTH

County of Dorchester
 Township of Collins
 or
 Inc. Town of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

FILE No.—For State Registrar Only

92475-a

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

3. Boy or Girl	If Plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Feb 22nd</u> , 19 <u>16</u> (Month, day, year)
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9. Full name FATHER <u>Barney Fox</u>				18. Full maiden name MOTHER <u>Sallie Platt Fox</u>			
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 <u>white</u>		12. Age at last birthday <u>37</u> (Years)		20. Color or race <u>white</u>		21. Age at last birthday..... (Years)	
13. Birthplace (city or place) <u>Dorchester</u> (State or country) <u>Dorchester</u>				22. Birthplace (city or place) <u>Dorchester</u> (State or country) <u>Dorchester County</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	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. <u>Dorchester County</u>				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.....		
17. Total time (years) spent in this work.....			26. Total time (years) spent in this work.....				

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.
(Born alive or stillborn)

(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
 a supplemental report..... (Date of)

or....., Midwife

Address.....

Filed 5-29, 1934

Registrar.

Registrar.