

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
28845

(1) PLACE OF BIRTH
County of Anderson
Township of Piedmont
or
Inc. Town of
or
City of

Registration District No. 310 Registered No. 93
(For use of Local Registrar)
St.; Ward)
(No. same instead of street and number.)

(2) Full Name of Child Irma Catherine Nix 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) Age at Birth 9 9 22 (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John H Nix
(9) PRESENT POSTOFFICE OF FATHER Piedmont, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Oconee Co., S.C.
(13) OCCUPATION Fed. Bd. Student
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Nettie Heaton
(15) PRESENT POSTOFFICE OF MOTHER Piedmont, S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Oconee Co., S.C.
(19) OCCUPATION Housewife
(21) 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 ... (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) C. C. Heaton at 5:30 P.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Oct 13 19 22 (27) Filed H. W. Seawright
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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MAKING RESERVATION FOR BIRTHING, THIS IS A PERMANENT RECORD, AND SHOULD BE KEPT IN A SAFE PLACE. IN CASE OF TWINNING OR TRIPLET BIRTH, A SEPARATE REPORT SHOULD BE MADE FOR EACH CHILD, AND EACH ONE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.