

(1) PLACE OF BIRTH

County of Hanford
 Township of Pickens
 OF
 Inc. Town of Breunson
 OF
 City of Breunson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30668

Registration District No. 2407Registered No. 131
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Nix (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Age Previous Month yes (7) DATE OF BIRTH Sept 11 1929
 (Name) (Month) (Day) (Year)

FATHER
 (8) FULL NAME John H Nix
 (9) PRESENT POSTOFFICE OF FATHER Breunson S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Year)
 (12) BIRTHPLACE Breunson S.C.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Emma Chesson
 (15) PRESENT POSTOFFICE OF MOTHER Breunson
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (Year)
 (18) BIRTHPLACE Breunson
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (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 Alma (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) John W. Rogers (24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by name)
Sept 20 29 (27) 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 sixth month of pregnancy.