

2/1/45
money recd.
m. G.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.

Form No. 8

1. PLACE OF BIRTH

County of Pickens
Township of Jumpf
or
Inc. Town of _____
or
City of _____

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

22 049319
FILE No.—For State Registrar Only
00716

Registration District No. 3707 Registered No. _____
(For use of Local Registrar)
St.; _____ Ward)

2. FULL NAME OF CHILD

Jadie Auline Rix { If child is not yet named, make
supplemental report as directed.

3. BOY OR
GIRL

4. Twin or
Triplet?

5. Number in order
of birth

6. Are
Parents
Married yes

7. DATE OF BIRTH

Aug. 30th 19 22
(Name of Month) (Day) (Year)

Girl To be answered only in event of Twins or Triplets

FATHER

8. FULL
NAME William Fountain Rix

9. ADDRESS AT
CHILD'S BIRTH Pickens, S.C. R.F.D.

10. COLOR
OR
RACE

White

11. AGE AT CHILD'S
BIRTH 29 yrs.
(Years)

12. BIRTHPLACE

Accone S.C.

13. OCCUPATION

Farmer

20. Number of children born to
mother, including present birth 2

MOTHER

14. NAME BEFORE
MARRIAGE Jadie Malinda McJunkin

15. ADDRESS AT
CHILD'S BIRTH Pickens, S.C. R.F.D.

16. COLOR
OR
RACE

White

17. AGE AT CHILD'S
BIRTH 23 yrs.
(Years)

18. BIRTHPLACE

Pickens, Co. S.C.

19. OCCUPATION

Housewife

21. Number of children by 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 at 9:00 a.m. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature J. H. Pallen, M.D.

24. State whether Physician or Midwife

25. Address of Physician or Midwife
Pickens, S.C.

Given name added from a supplemental report

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Registrar

26. Witness

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

27. Filed March 2

19 45 L.A. Riser, M.D.

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