

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

Form No. 8

22 049319
 FILE No.—For State Registrar Only
 00716

1. PLACE OF BIRTH
 County of Pickens
 Township of Pumpkin
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

2. FULL NAME OF CHILD Jadie Auline Nix { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married yes 7. DATE OF BIRTH Aug. 30th 1922
 (Name of Month) (Day) (Year)

FATHER
 8. FULL NAME William Fountain Nix
 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 Aconee 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

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.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 9:am M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature J. P. [Signature]
 24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife Pickens, S.C.

Given name added from a supplemental report
 _____ 194 _____

 Registrar

26. Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 27. Filed March 2 1945 28. L.A. Risor, 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