

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.

(1) PLACE OF BIRTH

County of Samter
 or
 Township of Shadburny
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
2634

Registration District No. 4609 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child Bearba Nixon
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mrs. Nixon</u>			(14) NAME BEFORE MARRIAGE <u>Wilby Singleton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Horatio S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Horatio S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Col</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)			
(13) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bearba at 11 P. M.,
 on the date above stated. 22 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Bearba Nixon</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Horatio S.C.</u>
Given name added from a supplemental report		
(26) Witness <u>Bearba Nixon</u>	(27) Signature of Witness necessary only when question 23 is signed by mark; <u>Bearba Nixon</u>	
Filed <u>Jan 28</u> 1922 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.