

WHITE PLAIN, WITH UNCLE TOM'S—THIS IS A "PHEASANT" BRAND, IN CASE OF TWINN OR THEREABOUTS, A "PHEASANT" BRAND, FOR DAVIS CHILD, AND MARK THE PHEASANT, NO. 1, THE OTHER, NO. 2, CASE IN QUESTION B.

(1) PLACE OF BIRTH

County of San Diego

Township of Waukegan

Inc. Town of.....

CITY OF _____

(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

Registration District No. 202 Registered No. 17

(For use of Local Registrar)

(No. St.: Ward)

(2) Full Name of Child Henry Keith Nixon If child is not yet named, make supplemental report as directed.

13) BOY OR
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(B) Are Parents Married?

(7) DATE OF BIRTH: June 24 22
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME

7) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

FATHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(28) (Signature)

(34) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

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

(27) Filed

102.2 (20

(28)..... Local Board

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.