

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Hampton</u>		STATE OF SOUTH CAROLINA		85964	
Township of <u>Waller</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2400</u>		Registered No. <u>93</u>	
(No. St.; Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Orange Nixon</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 27</u> 19 <u>16</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Tomie Nixon</u>			(14) NAME BEFORE MARRIAGE <u>Lorrie Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gifford S. Lee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gifford S. Lee</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u>			(17) AGE AT LAST BIRTHDAY <u>19</u>		
(12) BIRTHPLACE <u>Hampton Co</u>			(18) BIRTHPLACE <u>Hampton Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife & farmer</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 <u>Born alive</u> at <u>11:30 A.M.</u> on the date above stated.					
(Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Patience Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Gifford S. Lee</u>					
Given name added from a supplemental report					
(26) Witness <u>Carry Kinley</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 18</u> 19 <u>16</u> (28) <u>H. B. Dickinson</u>					
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.