

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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>Abbeville</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		20651	
Township of <u>Condonville</u>		Registration District No. <u>108</u>		Registered No. <u>148</u>	
or Inc. Town of.....		(No. St.; Ward)		(For use of Local Registrar)	
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>J. A. 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> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 17, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Abraham Nixon</u>			(14) NAME BEFORE MARRIAGE <u>Wm. B. Lee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Condonville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Condonville S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(16) COLOR OR RACE <u>Negro</u>		
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(20) Number of children born to mother, including present birth <u>7</u>			(18) BIRTHPLACE <u>S.C.</u>		
			(19) OCCUPATION <u>Housewife</u>		
			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Condonville</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Murphy</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness					
(27) Filed <u>Aug 10, 1923</u> (28) <u>Local Registrar</u>					
*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.					