

Form No. 1

## (1) PLACE OF BIRTH

County of FlorenceTownship of Edgewoodor  
Inc. Town of Edgewoodor  
City of Edgewood

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

81628

Registration District No. 2015 Registered No. 174

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Carl Nixon { 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 20</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Stephen Nixon(9) PRESENT POSTOFFICE OF FATHER Edgewood S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE South Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Corene Sanders(15) PRESENT POSTOFFICE OF MOTHER Edgewood S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Florence Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary X. Higgin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgewood S.C.

Name added from a supplemental report

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Registrar

(26) Witness Barton Rogers  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/2/16 (28) W. O. Harrison Local Registrar

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