

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Harrison  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

12376

Registration District No. 4306Registered No. 8  
(For use of Local Registrar)

(2) Full Name of Child James Elmer Nexsen  
 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?

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 1, 1923  
(Name of Month) (Day) (Year)

(8) FULL NAME

James Alton Nexsen

(9) PRESENT POSTOFFICE OF FATHER

Lake City, S.C. R.F.D.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27  
(Years)

(12) BIRTHPLACE

Williamsburg, Co.

(13) OCCUPATION

Farmer

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

2

(14) NAME BEFORE MARRIAGE

Francis Burrows

(15) PRESENT POSTOFFICE OF MOTHER

Lake City, S.C. R.F.D.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Williamsburg, 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 8:30 P.M.  
 on the date above stated. Born stillborn Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 31, 1923

(28)

12376  
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.

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