

(1) PLACE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.
 Township of Bushy Creek Bureau of Vital Statistics
 or
 Inc. Town of State Board of Health
 or
 City of (No.) Registered No. 43
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
58478

(2) Full Name of Child

Nellie Nix

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R Marvin Nix
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Rabun Co Ga
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Evie Carter
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Simpson Co NC
 (19) OCCUPATION house keeper

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Rasmussen M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edasley SC R4B

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 3, 1916 (28) H. J. Kelly
 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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