

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens  
Township of Pickens  
OR  
Inc. Town of .....  
OR  
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 Grace Elizabeth Nix

(3) BOY OR GIRL? Girl (4) TWINS OR TRIPLETS? 1 (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ulysses Erasmus Nix  
(9) PRESENT POSTOFFICE OF FATHER Crow Creek  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)  
(12) BIRTHPLACE Pickens  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 10

MOTHER.  
(14) NAME BEFORE MARRIAGE Lou Annie Monroe  
(15) PRESENT POSTOFFICE OF MOTHER Crow Creek  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Pickens  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) at 4 A. M.

(23) (Signature) Robert Kirksey Nix  
(24) State whether Physician or Midwife Mr. Nix (25) Address of Physician or Midwife Pickens - S. C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed ..... 19 ..... (28) J. S. Porter 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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CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
16400  
Registered No. 57  
(For use of Local Registrar)

Registration District No. 3706