

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.

(1) PLACE OF BIRTH
 County of Pickens
 Township of Pickens
 OF
 Inc. Town of
 OR
 City of

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 (No. St.; Ward)
 (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 (If child is not yet named, make supplemental report as directed)

(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
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ulysses Eustas Nix
 (9) PRESENT POSTOFFICE OF FATHER Crow Creek
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
 (Year)
 (12) BIRTHPLACE Pickens
 (13) OCCUPATION Farmer

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 39
 (Year)
 (18) BIRTHPLACE Pickens
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10 (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 at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. 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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