(1) PLACE OF BIRTH

County of Cherokee

Township of Limestone

Inc. Town of ..... Registration District No. 1003 Registered No. 85 (For use of Local Reistrar)

City of ..... (No. ..... St.: ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18611

(2) Full Name of Child Arthur J. Nix ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Randel Ray Nix	(14) NAME BEFORE MARRIAGE Buler May Nix
(9) PRESENT POSTOFFICE OF FATHER Caroline NC	(15) PRESENT POSTOFFICE OF MOTHER Gaffney SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Rutherford Co, NC	(18) BIRTHPLACE Burk Co NC House work
(13) OCCUPATION Mill work	(19) OCCUPATION House work
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. R. Brown

(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Gaffney SC

Given name added from a supplemental report

....., 191...

..... Registrar

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

(27) Filed June 27 1915 (28) H. F. Pritchard 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.

*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.