

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33825

Registration District No. 1309 Registered No. 66
 (For use of Local Registrar)

(2) Full Name of Child

Alma Dixon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 30 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frasier Dixon

(9) PRESENT POSTOFFICE OF FATHER Davis Sta SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Dixon

(15) PRESENT POSTOFFICE OF MOTHER Davis Sta SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25
 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Home & Freed

(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucy Linder(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Davis Sta SC

Given name added from a supplemental report

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

(27) Filed Oct 14 22 (28) T. E. Richbourg 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.

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.

McGraw-Hill, Columbia, S. C.