

Form No. 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Bethelor  
Inc. Town ofor  
City of

(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

58074

Registration District No. 4400 Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child Marrie Dixon { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 6(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 29, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Dixon(9) PRESENT POSTOFFICE OF FATHER York #2(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Presley(15) PRESENT POSTOFFICE OF MOTHER York #2(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cinda Phillips(24) State whether Physician or Midwife (25) Address of Physician or Midwife York #2

Given name added from a supplemental report

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

(27) Filed Apr 29, 1916 (28) H. A. Zimmerman 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.

WHILE 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.

Craw. of Columbia