

## (1) PLACE OF BIRTH

County of FlorenceTownship of ThurmanInc. Town of ThurmanCity of Thurman

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42807

Registration District No. 2003Registered No. 41

(For use of Local Registrar)

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

2) Full Name of Child Harrison Hixson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 1, 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Harrison Hixson</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Timmons ville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Timmons ville</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Williamsburg Co</u>		(18) BIRTHPLACE <u>Flo. Co</u>		
(13) OCCUPATION <u>Farm laborer</u>		(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>one</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Martha X. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Timmons ville

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec. 10, 1915

(28)

R. L. Reaves  
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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