

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Society Hill
 or
 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

18305

Registration District No. 15C Registered No. 5
 (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 Wayman Dixon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wayman Dixon
 (9) PRESENT POSTOFFICE OF FATHER Society Hill
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Dixon
 (15) PRESENT POSTOFFICE OF MOTHER Society Hill
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(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 Born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ortis H. Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Soc Hill

Given name added from a supplemental report

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

(27) Filed June 24, 22 (28) W. B. McFarland 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.