

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. for this Register

16878

Registration District No. 707

Registered No. 24
(For use of Local Registrar)

(2) Full Name of Child

Jessie Dixon

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

(3) SEX OF CHILD

girl

(4) DATE OF BIRTH

July 18, 1923

(5) TIME OF BIRTH

3:00

(6) PLACE OF BIRTH

at home

(7) FULL NAME OF FATHER

J. O. Dixon

(8) OCCUPATION OF FATHER

Farmer

(9) COLOR OF FATHER

Col.

(10) AGE AT LAST BIRTHDAY

36

(11) BIRTHPLACE OF FATHER

Berkley

(12) OCCUPATION OF FATHER

Farmer

(13) NAME BEFORE MARRIAGE

Jessie Green

(14) PRESENT RESIDENCE OF MOTHER

Wando

(15) COLOR OF MOTHER

Leal

(16) AGE AT LAST BIRTHDAY

27

(17) BIRTHPLACE OF MOTHER

Berkley

(18) OCCUPATION OF MOTHER

at home

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

Three

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was...

born alive or stillborn

(22) (Signature)

Emma Wando

(23) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(24) Witness

Signature of Witness necessary only when question 23 is signed by mother

(25) Filed

July 19, 1923

(26) Registrar

Wando

When there was no attending physician or midwife, then the mother, householder, etc., should make this report. 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.