

(1) PLACE OF BIRTH

County of SumterTownship of ConcordInc. 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

50561

Registration District No. 4-100 Registered No. 10
(For use of Local Registrar)(No. 1 St. 10 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Richard Eugene Dixon } If child is not yet named, make supplemental report as directed(4) Twin or Triplet? Yes (5) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12 1916
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Eugen Dixon
(9) PRESENT POSTOFFICE OF FATHER Bradford SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Learning
(20) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Martha Robinson
(15) PRESENT POSTOFFICE OF MOTHER Bradford SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at 9 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Chas. J. Lennan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Sumter SC

Given name added from a supplemental report

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

(27) Filed Feb 24 1916 (28) Dan. Kinney 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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M.C. McCaw, of Columbia, S.C. writes plainly, with unflinching integrity. This is a permanent record. M.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 1.