

Dr. Verner

(1) PLACE OF BIRTH

County of Greene

Township of West Union

Inc. Town of West Union

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

No. 44163

Registration District No. 35.9.6

Registered No.
(For use of Local Registrar)

(2) Full Name of Child Lillian Jane Mixon

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

(3) SEX OF CHILD Girl (4) Type or Trace To be covered only in case of Twin or Triple (5) Number in order of birth Yes (6) DATE OF BIRTH Dec. 5, 1925
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME John Wiley Mixon

(8) PRESENT RESIDENCE OF FATHER West Union St.

(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 23
(Year)

(11) BIRTHPLACE Edlington Fla.

(12) OCCUPATION Ice Lanic

MOTHER.

(13) NAME BEFORE MARRIAGE Bessie Bell Carter

(14) PRESENT RESIDENCE OF MOTHER West Union

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 20
(Year)

(17) BIRTHPLACE Fla.

(18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 2

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 11:20 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. D. Verner M.D.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Phys. Washburn

(Given name added from a supplemental report

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

(26) Filed Feb. 14, 1926 (27) Registrar R. J. ...

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed at all before the fifth month of pregnancy.