

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Concord  
 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

18224

Registration District No. 1302 Registered No. 59  
 (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

Therrie Mae Lyon

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 3 1912</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>James Hixon</u>			14) NAME BEFORE MARRIAGE <u>Cecia Lyon</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Silver Sc</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Silver Sc</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16) COLOR OR RACE <u>White</u>		17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
12) BIRTHPLACE <u>Silver Sc</u>			18) BIRTHPLACE <u>Silver Sc</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Nixie C. Conner

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Silver Sc

Given name added from a supplement-  
 al report

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

(27) Filed June 30 1912 J. E. Nicholson  
 Registrar 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia, Columbia, S. C.