

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Dolores Gertrude Dixon

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

3) BOY OR GIRL

Girl

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 11, 1932

FATHER.

8) FULL NAME

Daniel Robert Dixon

9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

19

(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Book-keeper

20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellie Gertrude Westendorff

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 11:20 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

J. F. Price - M.D.

(24) State whether Physician or Midwife

248 Calhoun St.

Given name added from a supplemental report

L. A. Piser M.D.

9/14/43, 19 Registrar

(26) Witness

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

(27) Filed

8/12

1932 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.