

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.

(1) PLACE OF BIRTH County of <u>Barnwell</u> Township of <u>Barnwell</u> OR Inc. Town of <u>Barnwell</u> OR City of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. <u>For State Registrar Only</u> 88438	
		Registration District No. <u>501</u>		Registered No. <u>69</u> (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 <u>Ada Marion Dixon</u>					
(3) <input checked="" type="checkbox"/> BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? <u>yes</u> (7) DATE OF BIRTH <u>Dec 1, 1916</u> To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Wesley S Dixon</u>			(14) NAME BEFORE MARRIAGE <u>Louise Tumbal</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Barnwell S.C.</u>			(16) COLOR OR RACE <u>negro</u>		
(13) OCCUPATION <u>clerk</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
			(18) BIRTHPLACE <u>Barnwell S.C.</u>		
			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</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 <u>Alive</u> at <u>.....</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Martilda Smith</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Barnwell S.C.</u>					
Given name added from a supplemental report 19..... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Dec 12, 1916</u> (28) <u>R.C. Kiskland</u> 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.					