

THIS IS A PRELIMINARY RECORD
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.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Lawn Mills

Inc. Town of Lawn Mills

City of 66 Brent

(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. 1a.—For State Registrar Only

8588

Registration District No. 4008

Registered No. 49
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Type of Triplet <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>2</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>2 10 23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Candy Jackson</u>			(10) NAME BEFORE MARRIAGE <u>Linnie Dixon</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Lawn Mills, S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Lawn Mills, S.C.</u>	
(12) COLOR OR RACE <u>N</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(14) COLOR OR RACE <u>N</u>	(15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) BIRTHPLACE <u>S.C.</u>
(17) OCCUPATION <u>Electrician</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 21 years old, on the date above stated.

(22) (Signature) John M. D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Spartanburg, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Mar. 15 1923

(27) Local Registrar
Mrs. E. F. Parker

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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