

(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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

41257

1900

Registration District No. 9A

Registered No.
(For use of Local Registrar)

(No. 11 Burns Lane St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Marian Simpson Dixon

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elijah Dixon
(9) PRESENT POSTOFFICE OF FATHER 16 Burns Lane
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Years)
(12) BIRTHPLACE Goedersville S.C.
(13) OCCUPATION Waiter
(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Isabell Spencer
(15) PRESENT POSTOFFICE OF MOTHER 16 Burns Lane
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE Sumter S.C.
(19) OCCUPATION House work
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Charlotte George

(24) State whether Physician or Midwife Midwife

(25) Address of Physic. or Midwife 84 Henrich St. Charleston

Given name added from a supplemental report

(26) Witness

(Signature of Witness) James Green
(When question 23 is signed, mark)

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 be reported as a live birth. No report is desired of stillbirths.