

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 1.

(1) PLACE OF BIRTH

County of Cherokee
Township of Smith

Inc. Town of Jefferson
City of Jefferson
(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

17056

Registration District No. 109 Registered No. 186
(For use of Local Registrar)
St. 126 Ward 100

(2) Full Name of Child Clayton Logan Dixon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME McClay Logan Dixon
(9) PRESENT POSTOFFICE OF FATHER Jefferson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE McDowell Co. N.C.
(13) OCCUPATION Cotton Mill
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Emma Ellen Byne
(15) PRESENT POSTOFFICE OF MOTHER Jefferson
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)
(18) BIRTHPLACE Cherokee Co. N.C.
(19) OCCUPATION Home wife
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jefferson

Given name added from a supplemental report
101
Registrar

(26) Witness [Signature] (27) Filed 7/10 23 (28) [Signature] 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.

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