

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

81628

(1) PLACE OF BIRTH

County of Florence

Township of Edgewood

or
Inc. Town of
or
City of

Registration District No. 2015 Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, Carl Hixen } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nepoleon Hixen

(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Corene Sanders

(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Florence Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary X. Hixen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Summerville S.C.

Other name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness W. O. Harrison
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/2/16 (28) W. O. Harrison
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.