

(1) PLACE OF BIRTH

County of *Marion*Township of *Wahki*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Daniel Dixon*

File No.—For State Registrar Only

46809

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *3207* Registered No. *4*

(For use of Local Registrar)

St.; Ward

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
To be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH *Jan 18 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wallace Dixon

(9) PRESENT POSTOFFICE OF FATHER

Sellers St.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

Marion Co. S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Katie Simons

(15) PRESENT POSTOFFICE OF MOTHER

Sellers St.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Marion Co. S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Hester Jester Sellers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

C. F. Jones(27) Filed *Jan 10 1916*

(28)

B. F. Dill

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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Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *3207* Registered No. *5*

(For use of Local Registrar)

File No.—For State Registrar Only

46810

Thomas

St.; Ward

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.

McCaw, of Columbia

mark the