

23 046598

Only

2243

1. PLACE OF BIRTH

County of Greenwood
 Township of South Carolina
 or
 Inc. Town of.....
 or
 City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 23-A Registered No.

(For use of Local Registrar)

St.; Ward)
 (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

Lucania Dixon

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

3. Boy If Plural births 4. Twins, triplets or other... 5. Number, in order of birth... 6. Premature... 7. Are Parents Married? yes 8. Date of birth October 11, 1923
 (Month, day, year)

9. Full name Andrew C. Dixon FATHER 18. Name before marriage Cynthia Washington MOTHER

10. Residence (mailing address) Greenwood, S.C. 19. Residence (mailing address) Greenwood, S.C.
 (If non-resident, give place and State)

11. Color or race Colored 20. Color or race Colored 21. Age at child's birth 37 (years)

12. Age at child's birth 38 (years) 22. Birthplace (city or place) Abbeville, S.C.
 (State or country)

13. Birthplace (city or place) Cokesbury, S.C. 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housekeeper
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 25. Date (month and year) last engaged in this work Still engaged 1923

16. Date (month and year last) engaged in this work November, 1922 17. Total time (years) spent in this work 38 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead..... (c) Stillborn 8

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Alive at 2 P. m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Andrew C. Dixon, Parent
 or....., Guardian

Given name added from
 a supplementary report.....
 (Date of)

Address.....
 Filed Nov. 28, 1940 M. B. Woodward, M. D.
 Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

10/14/40