

(1) PLACE OF BIRTH

County of

Dairlington

Township of

Larnier

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

3589

Registration District No. 13-03

Registered No. 13

(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

Mary Louise Dixon

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

(3) SEX OF CHILD

(4) Type or Token

(5) Number in order of birth

(6) Age of Mother

(7) DATE OF BIRTH

Jan 25, 1923

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lillian M. Pherson

(9) PRESENT POSTOFFICE OF FATHER

Larnier

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

18

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lilama Dixon

(15) PRESENT POSTOFFICE OF MOTHER

Larnier

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was

alive

no. 110

on the date above stated.

(Born alive or stillborn) (M. or P. M.)

(22) (Signature)

Mary Louise Dixon

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Larnier

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Date

Jan 25, 1923

When there is a change of residence, the parent or guardian of the child must file a supplemental report with the State Registrar.