

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Middleton  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

79446

Registration District No. 4103

Registered No. 63  
(For use of Local Registrar)

City of ..... (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 Rose Dix (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 26 1906  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Frank Dix  
(9) PRESENT POSTOFFICE OF FATHER Wedgefield  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Labourer  
(20) Number of children born to mother, including present birth. 12

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Est. Wesley  
(15) PRESENT POSTOFFICE OF MOTHER Wedgefield  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Labourer  
(21) 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 at 12 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rose Jule (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wedgefield SC

Given name added from a supplemental report ..... (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. J. Park mid

(27) Filed Sept 5 1906 (28) 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.