

Change made on basis of cert. No. U.S. # 42299-24
Affidavit + marriage license on 7-11-49.

(1) PLACE OF BIRTH

County of Farmer
Township of Hickory
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
12955

Registration District No. 512 Registered No. 2.....
(For use of Local Registrar)

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

(2) Full Name of Child Maria Mixson

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH May 5 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Mixson

(9) PRESENT POSTOFFICE OF FATHER Hickory, SC R#

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca

(15) PRESENT POSTOFFICE OF MOTHER Hickory, SC R#

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. C. Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hickory, SC

(Given name added from a supplemental report)

(26) Witness J. H. Johnson
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 5 1923 (28) M. Mixson 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.

NOTE: PLAINLY, WITH A SPACING SPACES, THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED IN PLACE OF A SEPARATE BIRTH REPORT. NO. 1. THIS OTHER, NO. 2. CO. IN QUESTION 2.