

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2978

Township of

Inc. Town of EdmontRegistration District No. 3 BRegistered No. 10

(For use of Local Registrar)

City of

(No. _____ St. _____ Ward _____)
to be answered only in case of Town or Inland

2) Full Name of Child

Mareille Dixon

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

(3) BOY OR GIRL

Girl(4) Twin or triplet? 1(5) Number in order of birth 1(6) Are Parents Married? 30

(7) DATE OF BIRTH

2, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. C. Dixon

(9) PRESENT POSTOFFICE OF FATHER

Edmont, S.C.

(10) COLOR OR RACE

neg

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Esther K. Dixon

(15) PRESENT POSTOFFICE OF MOTHER

Edmont, S.C.

(16) COLOR OR RACE

neg

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

domestic

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

1

(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 born at Edmont, S.C. on the date above stated. (If born alive or stillborn) (If P. M. or P. M.)

(23) (Signature)

W. C. Dixon

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Edmont, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb 28 1922

(28)

W. C. Dixon

Local Registrar

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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