

PLACE OF BIRTH

City of Monroe
County of Reames
Town of Mullins

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

21810-A

Registration District No. 32-03 Registered No. 3
(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD Johnnie Dixon { If child is not yet named, make supplemental report as directed.

1. Sex <u>Girl</u>	2. Plural births <u>3</u>	3. Twin, triplet, or other <u>3</u>	4. Premature <u>yes</u>	5. Legitimate <u>yes</u>	6. Date of birth <u>July 30, 1982</u>
7. Number, in order of birth <u>3</u>			8. Full maiden name <u>MOTHER</u>		
9. FATHER <u>Johnnie Dixon</u>			10. Full maiden name <u>Theima Dixon</u>		
11. Residence (usual place of abode) <u>Mullins S.C.</u>			12. Residence (usual place of abode) <u>Mullins S.C.</u>		
13. Color or race <u>Col.</u>			14. Age at last birthday <u>27</u> (Years)		
15. Birthplace (city or place) <u>Mullins S.C.</u>			16. Birthplace (city or place) <u>Mullins S.C.</u>		
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Public mch</u>			18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>			20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>-</u>		
21. Date (month and year) last engaged in this work <u>-</u>			22. Date (month and year) last engaged in this work <u>-</u>		
23. Total time (years) spent in this work <u>-</u>			24. Total time (years) spent in this work <u>-</u>		

Number of children of this mother (At time of this birth) and including this child 3 (a) Born alive and now living 3 (b) Born alive but now dead - (c) Stillborn -
If stillborn, period of gestation months weeks 29 Cause of stillbirth - Before labor - During labor -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 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.

Name added from supplemental report - (Date of) -

(Signed) John Hord M. D.

or Margaret L. Mullins Midwife

Address Mullins S.C.

Filed Jan 28, 1982 Margaret L. Mullins