

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4223

County of Horry

Township of Salisbury Ferry

Inc. Town of .....

City of .....

Registration District No. 205

Registered No. 1

(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 Willie Lee Jackson

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

3) BOY OR GIRL? <u>W</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Y</u>	7) DATE OF BIRTH <u>Feb 2 1923</u> (Name of Month) (Day) (Year)
--------------------------	--	-----------------------------	----------------------------------	--

FATHER.

MOTHER.

8) FULL NAME Walter Jackson

9) PRESENT POSTOFFICE OF FATHER Salisbury Ferry S.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

12) BIRTHPLACE Horry County

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 10

14) NAME BEFORE MARRIAGE Shelle Mitchell

15) PRESENT POSTOFFICE OF MOTHER Salisbury Ferry S.C.

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

18) BIRTHPLACE Horry County

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) W. J. G. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Mr. C. J. ... (27) Feb 2 1923 (28) W. J. G. ... 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.

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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 4