

(1) PLACE OF BIRTH

County of HorryTownship of Salisbury

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4223

Registration District No. 203Registered No. 1
(For use of Local Registrar)(2) Full Name of Child William Jackson

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

3) BOY OR GIRL W

4) Twin or Triplet

To be answered only in case of Twin or Triplet

5) Number in order of birth

6) Are Parents Married? Y7) DATE OF BIRTH Feb 2 1923

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Wm. J. Jackson9) PRESENT POSTOFFICE OF FATHER Salisbury, S.C.10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 45
(Years)12) BIRTHPLACE Horry Co. S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Michelle Mitchell15) PRESENT POSTOFFICE OF MOTHER Salisbury, S.C.16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 37
(Years)18) BIRTHPLACE Horry Co. S.C.19) OCCUPATION Housewife21) 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) Wm. J. Jackson

(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)

(27) Wm. J. Jackson(28) Wm. J. Jackson

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