

(1) PLACE OF BIRTH

County of Shartburg
 Township of Beck Springs
 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

32218

Registration District No. 4005 BRegistered No. 54
(For use of Local Registrar)

City of..... (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 J. B. Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Jackson
 (9) PRESENT POSTOFFICE OF FATHER Jackson, P.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE Spitz Co
 (13) OCCUPATION mill work
 (14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Edua Hunteringer
 (15) PRESENT POSTOFFICE OF MOTHER Jackson P.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE Spitz Co
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... alive.... at 6:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. B. Moore(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Jackson P.C.

Given name added from a supplemental report

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

(27) Filed Oct 1, 1922 (28) D. B. Moore
 Registrar 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.