

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
 Township of mt Carmel
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
29204

Registration District No. 4504 Registered No.
 (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 John Jackson If child is not yet named, make supplemental report as directed

(3) BOY Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Tom Patterson

(9) PRESENT POSTOFFICE OF FATHER D. K. - Abbeville

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE D. K. Abbeville

(13) OCCUPATION DK Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Queen Jackson

(15) PRESENT POSTOFFICE OF MOTHER mt Carmel

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31
 (Years)

(18) BIRTHPLACE Abbeville

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Abbeville at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pink Jones

(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) Filed July 22, 1925 (28) W. J. M. S. S. S. 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.

W. J. M. S. S. S.