

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....  
or

City of .....

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

2) Full Name of Child *Willie Jackson*

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

(1) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet? to be marked only in case of twin or triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>2 18 1903</i> (Month of Birth) (Day) (Year)
(8) FULL NAME <i>FATHER</i>			(9) NAME BEFORE MARRIAGE <i>Mother Philis</i>	
(9) PRESENT POSTOFFICE OF FATHER			(10) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE		
(13) OCCUPATION	(14) BIRTHPLACE			
(15) Number of children born to mother, including present birth <i>1</i>	(16) Number of children of this mother now living, including present birth <i>1</i>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Place date of birth) (Hour A. M. or P. M.)(23) (Signature) *Emma Williams*  
(24) State of South Carolina or District (25) Address of Physician or Midwife

Give name and rank of...

When there is...