

No. 1.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91758

Registration District No. 40-CRegistered No. 223
(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 Docia Jackson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alfred Jackson
 (9) PRESENT POSTOFFICE OF FATHER Inman SC R2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Spartanburg Co. SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Docia Moore
 (15) PRESENT POSTOFFICE OF MOTHER Inman, SC. R 2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Spartanburg Co. SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Nesbitt
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Inman SC R2

Given name added from a supplemental report

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

(27) Filed Jan 7 1917 (28) C. C. Adams 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.