

## (1) PLACE OF BIRTH

County of Essex  
 Township of Kings Mt.  
 or  
 Inc. Town of Clower  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

32761

Registration District No. 4407 Registered No. 80  
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

## (2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 25 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME George Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Clower SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE York CO  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 1 first

MOTHER.  
 (14) NAME BEFORE MARRIAGE Bessie Riddle  
 (15) PRESENT POSTOFFICE OF MOTHER Clower SC  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE York CO  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1 one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. K. McMill (24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Clower SC

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 ..  
 Registrar

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

(27) Filed Sept 25 1922 (28) St. J. H. Ford 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.