

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

30356

Registration District No. 14.105

Registered No. 7.0
(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 Hessie V. 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) Age Previous Marriage yes

(7) DATE OF

BIRTH Sept 7 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Baldpate Jackson(9) PRESENT POSTOFFICE OF FATHER Osirego S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rovena E. James(15) PRESENT POSTOFFICE OF MOTHER Osirego S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dora Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Osirego S.C.

Given name added from a supplemental report

(26) Witness M. R. Rivers
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept 15 23 (28) J. B. Raffield
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.