

File No. — For State Registrar Only
59667

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

Inc. Town of Registration District No. 1511 Registered No.
(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... William Jackson ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 6-</u> (Name of Month) (Day)
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FATHER.	
(8) FULL NAME	W. J. Jackson
(9) PRESENT POSTOFFICE OF FATHER	Northville P. 3.
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE	Harlington Co
(13) OCCUPATION	Farmer Laborer
(20) Number of children born to mother, including present birth	3

(14)	NAME BEFORE MARRIAGE	Carrie Law
(15)	PRESENT POSTOFFICE OF MOTHER	Hartsville P 3
(16)	COLOR OF MOTHER	(17) AGE AT LAST BIRTHDAY
	negro	36
(18)	BIRTHPLACE	(Years)
	Darlington Co	
(19)	OCCUPATION	
	House wife	
(21)	Number of children of this mother now living, including present birth	0

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:23 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Richard L. Perry
(24) State whether Physician or Midwife ☒ Address of Physician or Midwife
Midwife Washington RI

Given name added from a supplement-
tal report

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Registrar

(26) Witness *P.P.S.*
(Signature of Witness necessary only
when question 25 is signed by name)
(27) Filed *April 15, 1961* (28) *Cal*
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.