

Form No 1.

## (1) PLACE OF BIRTH

County of ChesterfieldTownship of W. Croghan

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45824

Registration District No. 1205 Registered No. 7

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 31</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME J. Frank Jackson(9) PRESENT POSTOFFICE OF FATHER W. Croghan S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 85  
(Years)(12) BIRTHPLACE Jefferson S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Manie Nicholson(15) PRESENT POSTOFFICE OF MOTHER W. Croghan S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE W. Croghan S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. Rivers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician W. Croghan S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 31 1916 (28) J. T. Rivers  
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 stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 2.

Law. of Columbia