

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child Anna Marie Jackson

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

3 BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 10 (6) Are Parents Married Yes (7) DATE OF BIRTH June 10, 1923
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>Carl Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Anna Marie Jackson</u>		(14) NAME BEFORE MARRIAGE <u>Anna Marie Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Easton, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Easton, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Easton, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)		(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Richmond, Va.</u>			(18) BIRTHPLACE <u>Richmond, Va.</u>		
(13) OCCUPATION <u>Domestic</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Anna Marie Jackson

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

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed June 10, 1923 (28) A. B. Campbell 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.