

## (1) PLACE OF BIRTH

County of York  
 Township of Hartsville  
 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

3584

Registration District No. 1502Registered No. 18

(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

Berty May Jackson

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

(3) BOY OR GIRL G (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 11 1925  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Hugh Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Hartsville  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE York Co  
 (13) OCCUPATION Public work  
 (20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Sally Jenkins  
 (15) PRESENT POSTOFFICE OF MOTHER Hartsville  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 16  
 (18) BIRTHPLACE York Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. S. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 10 1925

(28)

W. H. Hager  
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.

before the time