

(1) PLACE OF BIRTH

County of Allegany.....

Township of ~~7~~

OF

OF

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 Debra Jackson

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

1) BOY OR

98
F. 100

KO **Trip**
or Transfer

To be answered only in event of Twins or Triplets

(19) Number in order of birth

100

142

BIRTH

BIRTH (Month) (Day) (Year) 10 25

FATHER.

(b) FULL NAME Lydia Jackson SC

7) PRESENT POSTOFFICE OF EASTON *Phelps, S.C.*

(16) COLOR *Blue*

(11) ARE AT LAST BIRTHDAY... 21

15 Georgetown-Carl St

(15) Occupation
Farmer

(14) NAME BEFORE MARRIAGE Kaehler / Iron

(10) PRESENT POSTOFFICE OF BROTHER *Wheeler, SC*

(10) COLOR *Hepper*
ON
PAGE

(17) AGE AT LAST BIRTHDAY..... (Years)

160 NORTHPLAGE /
Leighton - Cong - SC

Farukhan--

20) Number of children born to mother, including current birth:

(21) Number of children of this subject now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) 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.)

(28) (Signature)

(24) State whether Physician or Midwife

(20) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witnesses

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

(27) Filed Aug 25 1923. (28) Chas. B. Smith
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.

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