

MADE IN THE UNITED STATES OF AMERICA. THIS IS A PERMANENT RECORD. WITH UNFADING ENK—THIS IS A PERMANENT RECORD. IF THE CHILD IS A TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Barnwell
Township of Allen
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

84333

Registration District No. 500 Registered No. 141
(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 Hadell 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 4 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Daniel Jackson
(9) PRESENT POSTOFFICE OF FATHER Fairfax SC.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE SC.
(13) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Louise
(15) PRESENT POSTOFFICE OF MOTHER Fairfax SC.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE SC.
(19) OCCUPATION Farm Laborer
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Florence H. Boyd
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fairfax SC.

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 25 is signed by mark)
(27) Filed Nov 18 1916 (28) F. H. Boyd 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 on stillbirths before the fifth month of pregnancy.