

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

2308Registration District No. 330 Registered No. 12
(For use of Local Registrar)(2) Full Name of Child Thomas Jackson

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

(1) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth
to be answered only in case of twins or triplets

(6) Are Parents Married

(7) DATE OF BIRTH 1-19-22
(Name of Month) (Day) (Year)**FATHER.**

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY 27
(Years)

(19) BIRTHPLACE

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was born at Columbia, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 22 is signed by mark)

(27) Filed 1-21-1922(28) W. H. Jones Local Registrar

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.