

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Hunter  
 OF  
 Inc. Town of Clinton  
 City of Clinton

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 29B

File No. — For State Registrar Only

4383Registered No. 7  
(For use of Local Registrar)St. 2 Ward 5(2) Full Name of Child Raymond R. Jackson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1  
 To be answered only in case of Twin or Triplet (6) Sex Male (7) DATE OF BIRTH 7-5-23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Hunter Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Textile operator  
 (20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Nelson  
 (15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 born alive, or stillborn at 5:30 A. M., on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

Paul J. Sney  
May 9 1923  
 Registrar

(26) Witness [Signature]

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

(27) Filed 7-5-23 (28) [Signature]

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK, IN A PERMANENT RECORD. In case of 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.

Bureau of Columbia, Columbia, S. C.