

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**76404**

County of *Charleston*  
Township of *Steele*  
OF  
Inc. Town of *Ple. Dec.* Registration District No. *1208* Registered No. *12*  
or  
City of (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Daniel Jackson Jr.* { 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 *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 27* 19*16*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Daniel Jackson*  
(9) PRESENT POSTOFFICE OF FATHER *Charleston S.C. R7D*  
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23* (Years)  
(12) BIRTHPLACE *N.C.*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth { *one*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Rachel Thomas*  
(15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C. R7D*  
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *19* (Years)  
(18) BIRTHPLACE *S.C.*  
(19) OCCUPATION *House wife*  
(21) Number of children of this mother now living, including present birth { *one*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *l. P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) *J. C. Bull M.D.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Charleston S.C.*

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
*J. Matheson*  
(27) Filed ..... 191..... (28) *J. Matheson* 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.