

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

75386

Registration District No. 109

Registered No. 92

(For use of Local Registrar)

## (2) Full Name of Child

James Albert Jackson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 22 1907

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Morris Jackson

(9) PRESENT POSTOFFICE OF FATHER

Abbeville R. F. D.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

58

(Years)

(12) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Farmer

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

{ 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lennie M. Brad

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Abbeville S.C.

(19) OCCUPATION

Housewife

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

{ 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at (Born alive or stillborn) (Hour A. M. or P. M.) 9 A.M. on the date above stated.

(23) (Signature)

Orie Richey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Abbeville R. F. D.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Aug 29 191

(28)

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 UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.