

File No.—For State Registrar Only  
75386

(1) PLACE OF BIRTH  
County of Abbeville  
Township of McGovern  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(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

Registration District No. 109 Registered No. 90  
(For use of Local Registrar)

(2) Full Name of Child Jamus 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 2, 1927  
To be answered only in event of Twins or Triplets (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 CD -  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ... 6 ...

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Barrie M. Brade  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE Abbeville CD -  
(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 ..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Ornie Biekey  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, R. F. D.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 2 1927 (28) Feb 11 1928 Local Registrar

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.

\*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.