

# CERTIFICATE OF BIRTH

County of Marlboro

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of .....

Inc. OF Town of W. SR

Registration District No. 3304

Registered No. 24

(For use of Local Registrar)

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: Am. Edwin Jackson

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

(3) BOY OR GIRL? *4*

(4) Twin or Triplet

(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married?

(7) DATE OF BIRTH Feb. 26, 1914  
(Name of Month) (Day) (Year)

(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(28) (Signature) [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 23 is signed by mark)

(27) Filed Feb 29 1916 (28) W. H. W. Valley 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.

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