

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Darlington S.C. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Hartsville S.C. State Board of Health

File No. — For State Registrar Only
85205

or
 Inc. Town of Registration District No. 122 Registered No. 125-
 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, Samuel Jackson ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilford Jackson

(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Sumter

(13) OCCUPATION Public Work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Jackson

(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.

(16) COLOR OR RACE Wend. (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Antioch

(19) OCCUPATION House W. S. C.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Mary J. Samuel

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 5 1916

(28)

A. Eugene Davis
 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.

SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

State of Columbia