

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

Inc. Town of Steeplechase

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

36967

Registration District No. 212Registered No. 35  
(For use of Local Registrar)

(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 Tanie Jackson

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Mar 6 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. S. Jackson

(9) PRESENT POSTOFFICE OF FATHER

Steeplechase

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

29  
(Year)

(12) BIRTHPLACE

Richmond Co

(13) OCCUPATION

farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

girtie Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Steeplechase

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

17  
(Year)

(18) BIRTHPLACE

Richmond Co

(19) OCCUPATION

farmer's daughter

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

12

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

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

mid wifeSteeplechase

Given name added from a supplemental report

(26) Witness

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

Wm. S. Jackson

(27) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.