

Form No. 1

(1) PLACE OF BIRTH

County of Richland
Township of
or
Inc. Town of Low
or
City of Eastover

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 29903 — For State Registrar Only

Registration District No. 2503 Registered No. 205
(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 Wilanema Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 8, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jackson
(9) PRESENT POSTOFFICE OF FATHER Kingville SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Eastover SC
(13) OCCUPATION public Works
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Williams
(15) PRESENT POSTOFFICE OF MOTHER Kingville SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Eastover SC
(19) OCCUPATION house Work
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Millie Jackson
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed 7/10 23 (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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.