

WRITTEN PLAINLY. WITH UNFADING INK—WHEN IN 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 8.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of Rockwell
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15374

Registration District No. 2600 Registered No. 45
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Hoseah Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 27 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dr. J. M. (Illegible)

(9) PRESENT POSTOFFICE OF FATHER Sheldon, S.C.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 16 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION House work & farm

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

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Jackson

(15) PRESENT POSTOFFICE OF MOTHER Sheldon, S.C.

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

(18) BIRTHPLACE S.C.

(19) OCCUPATION House work & farm

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Crawford

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sheldon, S.C.

Given name added from a supplemental report

(26) Witness W. C. Bell

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

(27) Filed 1911 (28) 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.