

(1) PLACE OF BIRTH

County of Charleston

City of Charleston

State of South Carolina

CERTIFICATE OF BIRTH

State of South Carolina
Bureau of Vital Statistics
State Board of Health

No. 445

Registration District No. 9A

Registered No. 64

(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

Jackson

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

(3) SEX OF CHILD Male (4) TIME OF BIRTH 7 (5) DATE OF BIRTH 7/27 (6) MONTH OF BIRTH 7 (7) YEAR OF BIRTH 1930

FATHER
(8) NAME OF FATHER William Jackson
(9) RESIDENT ADDRESS OF FATHER Charleston
(10) COLOR OF FATHER C (11) AGE AT LAST BIRTHDAY 27
(12) OCCUPATION Laborer
(13) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH 4

MOTHER
(14) NAME OF MOTHER Lucille Sheppard
(15) RESIDENT ADDRESS OF MOTHER Charleston
(16) COLOR OF MOTHER C (17) AGE AT LAST BIRTHDAY 23
(18) OCCUPATION Dom
(19) NUMBER OF CHILDREN OF THIS MOTHER, INCLUDING PRESENT BIRTH 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) George T. Richardson
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife 29 Cornwell

Give name added from a supplemental report

(24) Witness John (Signature of Witness when question 23 is signed by mark)

(25) Filed 1/16/30 (26) 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.

Filed 7/27, 1930 George T. Richardson