

Form No. 1

(1) PLACE OF BIRTH

County of Malboro
 Township of Bennettsville
 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

43708

Registration District No. 3301 Registered No. 174

(For use of Local Registrar)

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 Lewon Jackson [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 8 1907</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lewon Jackson
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Malboro, Co. S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Darlington, Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Fannie Sears(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 18 1907 (28) Local Registrar Wm. H. Pate

*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.