

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS 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 1.

Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of St. Phenille
Township of Magnolia
OF
Inc. Town of.....
OF
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 109 Registered No. 47
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 7 1923
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Frederick Jackson (14) NAME BEFORE MARRIAGE Livonia Crawford
(9) PRESENT POSTOFFICE OF FATHER Waltham Falls S.C. (15) PRESENT POSTOFFICE OF MOTHER Waltham Falls S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE St. Phenille Co (18) BIRTHPLACE St. Phenille Co
(13) OCCUPATION Cotton Mill Work (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) 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.)

(23) (Signature) Sarah Allen Campbell
(24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waltham Falls

Given name added from a supplemental report.....
..... 19.....
Registrar

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

(27) Filed May 17 1923 (28) E. P. McNeill
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.