

(1) PLACE OF BIRTH

County of Edgefield
Township of Pickens

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1805

File No.—For State Registrar Only

17510Registered No. 20
(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 Charlie 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 Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 4, 1923</u> (Age of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Johnnie Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Missie Simmons</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE <u>Edgefield</u>			(18) BIRTHPLACE <u>Edgefield</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Farm help</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ida Frazer
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Midwife Edgefield, 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 7/10/1923 (28) Oliver A. Smith 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.