

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 or
 Township of Kirby
 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
42108

Registration District No. 1604 Registered No. 17
 (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 Earl 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 2</u> 19 <u>22</u> (Name of Month) (Day) (Year)
-------------------------------	---	------------------------------	--	--

FATHER.

(8) FULL NAME John Jackson

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

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Dillon

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Danner

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Latta, S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary James - midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

 19 Registrar

(26) Witness Ellen Byrd
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/9 1923 (28) C. L. Rogers 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.

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 5.

MOGAW OF COLUMBIA. COLUMBIA, S. C.