

(1) PLACE OF BIRTH

County of

Township of

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

10331

Registered No. 60
(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 Mary Jackson

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

3. BOY OR GIRL

Girl

4. Twin or Triplet?

X

5. Number in order of birth

1

6. Are Parents Married?

yes

7. DATE OF BIRTH

April 27, 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Joe Roacher

9. PRESENT POSTOFFICE OF FATHER

Mt Pleasant S.C.

10. COLOR OR RACE

Black

11. AGE AT LAST BIRTHDAY

4.7

12. BIRTHPLACE

Mt Pleasant S.C.

13. OCCUPATION

Farming

20. Number of children born to mother, including present birth

3

MOTHER.

14. NAME BEFORE MARRIAGE

Rebecca Hawkins

15. PRESENT POSTOFFICE OF MOTHER

Mt Pleasant S.C.

16. COLOR OR RACE

Black

17. AGE AT LAST BIRTHDAY

4.2

18. BIRTHPLACE

Georgetown S.C.

19. OCCUPATION

Home Outlets

21. Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(23) (Signature)

Elizabeth Washington

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mt Pleasant S.C.

Given name added from a supplemental report

(26) Witness

J. J. Kinsey

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

(27) Filed

April 27, 22

(28)

J. E. Kinsey

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.

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