

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Loveor  
Inc. Town of .....or  
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

File No.—For State Registrar Only

4089

Registration District No. ....

Registered No. ....  
(Use of Local Registrar)

(No. .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL W (4) Twin or Triplet? W (5) Number in order of birth 1 (6) Are Parents Married? W (7) DATE OF BIRTH Feb 23 1928  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Walter Jackson (9) PRESENT POSTOFFICE OF FATHER Greenville (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year) (12) BIRTHPLACE Greenville (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Walter Jackson (15) PRESENT POSTOFFICE OF MOTHER Greenville (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year) (18) BIRTHPLACE Greenville (19) OCCUPATION Farmer (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 born alive at Greenville M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 23 1928 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.