

## (1) PLACE OF BIRTH

County of Florence  
Township of James Bay

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

42478

Inc. Town of  
orRegistration District No. 2014Registered No. 53  
(For use of Local Registrar)

City of (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

2) Full Name of Child Laddie Lee Jackson If child is not yet named, make supplemental report as directed3) 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 Dec. 21 1922  
(Name of Month) (Day) (Year)

## FATHER.

3) FULL NAME Liver Jackson4) PRESENT POSTOFFICE OF FATHER Jamesburg(12) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 75 (Years)5) BIRTHPLACE Florence Co6) OCCUPATION Farmer7) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Viola Jackson(15) PRESENT POSTOFFICE OF MOTHER Siema(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Florence Co

(19) OCCUPATION

(22) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Ann Brooks(24) State whether Physician or Midwife (25) Address of Physician or Midwife Siema

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 23 19122 (28) 4:00 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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