

## (1) PLACE OF BIRTH

County of DorchesterMunicipality of St. George, S.C.City of St. George, S.C.

(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

31993

Registration District No. 1703 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Baby Jackson (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Type or Triplet ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 21 23  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Jackson(9) PRESENT POSTOFFICE OF FATHER St. George, S.C. P.O. 1(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Martin(15) PRESENT POSTOFFICE OF MOTHER St. George, S.C. P.O. 1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour) (M. or P. M.)  
on the date above stated.(22) (Signature) H. H. Jackson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife St. George, S.C.

Given name added from a supplemental report

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

(26) Filed Nov. 11 1923 (27) Betty Jennings 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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