

Form No. 1

(1) PLACE OF BIRTH

County of CatharineTownship of Amelia

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

41137

Registration District No. 220 Registered No. 168
(For use of Local Registrar)(2) Full Name of Child Robert Lee Jackson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec, 18, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Jackson(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Home work(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Gold(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Home work(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at S. C. S. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydia L. Ringers(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Able
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 22 19 22 (28) A. R. Able 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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