

(1) PLACE OF BIRTH

County of Kershaw
Township of Dick

CERTIFICATE OF BIRTH

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

41140

Reg. No. 2701 Registered No. 224
(For use of Local Registrar)
City of Dick (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age at birth <u>27</u>	(7) DATE OF BIRTH <u>Dec 27 53</u>
(8) FULL NAME <u>Adolphus Martin</u>			(9) NAME BEFORE MARRIAGE <u>Earl Ray Jackson</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Charley</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Camden</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>23</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>17</u>	(16) BIRTHPLACE <u>Carthage</u>
(17) BIRTHPLACE <u>Richland Co</u>			(18) OCCUPATION <u>House wif</u>	
(19) OCCUPATION <u>Textile</u>			(20) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born (born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(22) (Signature) Earl Ray Jackson
(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Physician Camden

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(26) Filed Jul 11 54 (27) Registrar

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

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