

Form No. 1

(1) PLACE OF BIRTH

County of SpartanTownship of Providence

OF

Inc. Town of

OF

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Jackson Jr.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 23
(Name of child) (Day) (Year)

FATHER
(8) FULL NAME Joseph Jackson Jr.

(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 50
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 113

MOTHER
(14) NAME BEFORE MARRIAGE Harriet Moore

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Martha Dyson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Anna Burkhette (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 26 1923 (28) J. B. Raffield 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.