

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Sumter  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Sumter 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  
2581

Registration District No. H. 1. A. Registered No. 14  
 (For use of Local Registrar)  
 (No. 649W Liberty St.; 3 Ward)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Lucile Jackson

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in case of Twin or Triplet (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Denton Virginia  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 39 (Year)  
 (12) BIRTHPLACE Congaree S.C.  
 (13) OCCUPATION Coal mine  
 (20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Lomax Robinson  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28 (Year)  
 (18) BIRTHPLACE Congaree S.C.  
 (19) OCCUPATION Saundry  
 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Lomax Jan 6 1922 at 709 S. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) R. L. Baker (24) State whether Physician or Midwife (25) Address of Physician or Midwife Barclay St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Jan 30 1922 (28) S. O. Brown Local Registrar

\*When there was no attending physician or midwife, 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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