

(1) PLACE OF BIRTH
 County of Albany Co
 Township of Albany
 Inc. Town of.....
 City of.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2-11 Registered No. (For use of Local Registrar).....

(2) Full Name of Child Nathan Jackson (If child is not yet named, make appropriate entry in this space)

(a) SEX <u>boy</u>	(b) Age <u>3 1/2</u> years	(c) Race <u>white</u>	(d) Eyes <u>blue</u>	(e) Hair <u>dark</u>
FATHER			MOTHER	
(1) NAME <u>Nathan Jackson</u>			(1) NAME <u>Bulah Phipps</u>	
(2) RESIDENCE <u>Essex Co S C</u>			(2) RESIDENCE <u>Essex Co S C</u>	
(3) COLOR <u>white</u>	(4) AGE AT LAST BIRTH <u>3 1/2</u>	(5) COLOR <u>white</u>	(6) AGE AT LAST BIRTH <u>28</u>	
(7) BIRTHPLACE <u>Albany Co</u>			(7) BIRTHPLACE <u>Albany Co</u>	
(8) OCCUPATION <u>Farming</u>			(8) OCCUPATION <u>Housewife</u>	
(9) Number of children born to mother, including present one <u>6</u>			(9) Number of children of this mother now living, including present one <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (10) I hereby certify that I attended the birth of this child, who was..... (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (11) (Signature) Dr. J. H. Carter
 (12) State whether Physician or Midwife (13) Address of Physician or Midwife Albany Co

(14) (Signature of witness necessary only when question 13 is signed by mark)
M. F. Minton
 (15) (Signature of witness necessary only when question 13 is signed by mark)
M. F. Minton
 (16) (Signature of witness necessary only when question 13 is signed by mark)
M. F. Minton

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD.