

## (1) PLACE OF BIRTH

County of ChesterTownship of Lewisvilleor  
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

Registration District No. 1106

File No. — For State Registrar Only

17161Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child Arthur 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 Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 26, 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Anderson Jackson</u>	14) NAME BEFORE MARRIAGE <u>Eurus Loria</u>	9) PRESENT POSTOFFICE OF FATHER <u>Smith S. S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Smith S. S.C.</u>
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farm Laborer</u>		19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn (Hour M. or P. M.))(23) (Signature) Agness Ratchford(24) State whether Physician or Midwife Midwife (25) Address of Smith S.C. or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/6 23 (28) J. E. Roper 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.