

(1) PLACE OF BIRTH

County of Dillon
Township of Creech
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

26849

Registration District No. 2024 Registered No. 825
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married Y (7) DATE OF BIRTH Sept 2 1923
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Jackson
(9) PRESENT POSTOFFICE OF FATHER Lumberville
(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 32
(Year)
(12) BIRTHPLACE SP
(13) OCCUPATION mill operator
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Marie Boca
(15) PRESENT POSTOFFICE OF MOTHER Lumberville
(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 34
(Year)
(18) BIRTHPLACE SP
(19) OCCUPATION HW
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. E. Moore
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lumberville

(Given name added from a supplemental report)
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 4 1923 Walter H. B. B. H. D.
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.

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Recd. at Columbia, S.C.