

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		50572	
Township of <u>Mayville</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>4102</u>		Registered No. <u>17</u>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Robt Jackson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 18</u>	<u>1906</u>
FATHER		MOTHER			
(8) FULL NAME <u>Sam Jackson</u>		(14) NAME BEFORE MARRIAGE <u>Sam Jones</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Mayville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Mayville S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Saw Mill Hand</u>		(19) OCCUPATION <u>Home work</u>			
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4:30</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sousanah Benjamin</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Mayville S.C.</u>					
Given name added from a supplemental report		(26) Witness			
....., 191.....		(27) Filed <u>Feb 13</u> 191..... (28) <u>W. F. Thomas</u> Local Registrar.			
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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