

Form No. 10. 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 5.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Sumter
 Township of Wagner
 OF
 Inc. Town of Registration District No. 4102 Registered No. 17
 OR
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

File No. For State Registrar Only
50572

(2) Full Name of Child Robt 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 12 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>Sam Jackson</u>		(14) NAME BEFORE MARRIAGE <u>Sam Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wagner S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Wagner S.C.</u>		
(10) COLOR OR RACE <u>Wgn</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Wgn</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Saw Mill Hand</u>		(19) OCCUPATION <u>Home wife</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 Alive at 4:30 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sousanek
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagner S.C.

Given name added from a supplemental report 191.....

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

(27) Filed 4-13-06 1916 (28) W. J. Thomas
 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 first month of pregnancy.

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