

## (1) PLACE OF BIRTH

County of *Darlington*Township of *Hartsville*or  
Inc. Town ofor  
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

File No. — For State Registrar Only

980

Registration District No. *1512* Registered No. *6*

(For use of Local Registrar)

St. (For use of Local Registrar)

(2) Full Name of Child. *I. Walter Jackson*

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

to be answered only in event of twins or triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan 27 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Eugene Peterson*(9) PRESENT POSTOFFICE OF FATHER *Hartsville S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *Darlington Co. S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Laurie Jackson*(15) PRESENT POSTOFFICE OF MOTHER *Hartsville S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *16* (Years)(18) BIRTHPLACE *Darlington Co. S.C.*(19) OCCUPATION *House - work*(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 *alive* at *11* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *T. E. Hester*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Hartsville S.C.*

Given name added from a supplemental report

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

(27) Filed *July 10 1922* (28) *T. E. Hester* 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.

If a child breathes even once before the fifth month of pregnancy,

this return.

births

MADE BY THE STATE OF SOUTH CAROLINA

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.

Cav. of Columbia