

(1) PLACE OF BIRTH
 County of Anderson
 Township of Beaufort
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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
50430

Registration District No. 1700 Registered No. 37
 (For use of Local Registrar)

(2) Full Name of Child Leon H. 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 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 9, 1916
To be answered only in case of Twin or Triplet (Note of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Charley Jackson
 (9) PRESENT POSTOFFICE OF FATHER Green S. C. R. D. No. 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE Cross Keys S. C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth { Eight

MOTHER.
 (14) NAME BEFORE MARRIAGE Aggie Rainier
 (15) PRESENT POSTOFFICE OF MOTHER Green S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE Greenville Co. S. C.
 (19) OCCUPATION Home Work
 (21) Number of children of this mother now living, including present birth { Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive at _____ M., on the date above stated. (Born alive or stillborn) (Four A. M. or P. M.)
 (23) (Signature) D. R. L. [Signature]
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Green S. C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Ms. 16 1916 (28) _____ 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.

Registrar I _____ Local Registrar _____

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McCaw, of Columbia.
 McCaw.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
 ALL INFORMATION FURNISHED FOR THIS PURPOSE IS TO BE KEPT SECRET.
 1916