

Form No. 1

## (1) PLACE OF BIRTH

County of *McDermick*Township of *Mt. Carmel*or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1504*File No. For State Registrar Only  
*35482*Registered No. ....  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Willie 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 (6) Are Parents Married? (7) DATE OF BIRTH *Oct 22*  
(Name of Month Day Year)

## FATHER.

(8) FULL NAME *John Jackson*(9) PRESENT POSTOFFICE OF FATHER *Mt. Carmel*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *22*  
(Years)(12) BIRTHPLACE *Asheville Co*(13) OCCUPATION *Farm*(20) Number of children born to mother, including present birth { *1* }

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lila Williams*(15) PRESENT POSTOFFICE OF MOTHER *Mt. Carmel*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23*  
(Years)(18) BIRTHPLACE *Asheville Co*(19) OCCUPATION *Farm hand*(21) 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 *10* M.,  
on the date above stated. (Born alive stillborn) (Hour A. M. or P. M.)(23) (Signature) *Travis Curry*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *10-21* 19 *22* (28) *W. J. Sallens*  
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.