

(1) PLACE OF BIRTH

County of WashingtonTownship of Cayceor
Inc. Town ofor
City of Cayce

(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

Registration District No. 3105

File No.—For State Registrar Only

31163Registered No. 100

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1st(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 31 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

J. B. Jackson

9) PRESENT POSTOFFICE OF FATHER

Cayce

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Year)

12) BIRTHPLACE

W.C.

13) OCCUPATION

Public man

20) Number of children born to mother, including present birth

1st

MOTHER.

(14) NAME BEFORE MARRIAGE

Mellie L. Baker

(15) PRESENT POSTOFFICE OF MOTHER

Cayce

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Year)

(18) BIRTHPLACE

W.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. O'Connell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/21922

(28)

J. P. Lybrand

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.

ninth month of pregnancy.

before the ninth month of pregnancy.

MAINTAIN SEPARATE RECORD FOR EACH CHILD, AND MARK THE COUNTY, TOWNSHIP, OR CITY, AND DATE OF BIRTH IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.