

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

File No.—For State Registrar Only

52152

County of Florence

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Ebenezer

Inc. or Town of .....

Registration District No. 2003

Registered No. 35

(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No.            St.;            Ward)

(2) Full Name of Child Hallett Jackson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>          </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>          </u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	--	------------------------------------	--

### FATHER.

### MOTHER.

(8) FULL NAME Charlie Jackson

(14) NAME BEFORE MARRIAGE Maggie Johnson

(9) PRESENT POSTOFFICE OF FATHER Timmonsville, P.H.

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville, P.H.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Farmers wife

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother new living, including present birth 8

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Jackson

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

Father Timmonsville

Given name added from a supplemental report

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

(27) Filed Mar 20 1916 (28) R. L. Reavis 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.

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.

Form No. 20. 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.