

(1) PLACE OF BIRTH

County of FlournoyTownship of EbenezerInc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2003 Registered No. 35
(For use of Local Registrar)(2) Full Name of Child Hallett Jackson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are yes Parents Married?(7) DATE OF BIRTH Mar. 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Jackson

(9) PRESENT POSTOFFICE OF FATHER

Timmons ville, P. H.(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

4 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Timmons ville, P. H.(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farmer's wife

(21) Number of children of this mother now 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

Father

(25) Address of Physician or Midwife

Timmons ville

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. Beards

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.

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