

Form No. 3

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 716

No. for State Register only

30781

Registered No. 53  
(For use of Local Registrar)

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

## (2) Full Name of Child

Jackson Christy

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

(3) SEX OR  
ONLY

Boy

(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?

Yes

(7) DATE OF

BIRTH April 5 1923

(Type of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Elbie Christy

(9) PRESENT  
POSTOFFICE  
OF FATHER

Carle

(10) COLOR  
OR  
RACE

Color

(11) AGE AT LAST  
BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Edgefield

(13) OCCUPATION

Farming

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

3 Three

## MOTHER.

(15) NAME BEFORE  
MARRIAGE

Lena Mason

(16) PRESENT  
POSTOFFICE  
OF MOTHER

Carle

(17) COLOR  
OR  
RACE

Color

(18) AGE AT LAST  
BIRTHDAY

27

(Years)

(19) BIRTHPLACE

Edgefield

(20) OCCUPATION

Farming

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

3 Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was...  
on the date above stated.

(23) (Signature)

Elbie Christy

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Carle

Given under my hand and seal of office...

(26) Witness

(Signature of Witness, necessary only  
when question 22 is checked "No")

(27) Date

April 15 1923

(28) Local Registrar

[Signature]

This certificate, when filled out by the householder, etc., should make this return.  
The report is desired of stillbirths.

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 3.