

(1) PLACE OF BIRTH

County of Windsor
Township of Penn
Inc. Town of
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - for State Register Only
30531

Registration District No. 301 Registered No. 76
(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 William Jackson Jr. If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL Boy (8) Twin or Triplet To be answered only in case of Twins or Triplets (9) Number in order of birth (10) Age Parents Married yes (11) DATE OF BIRTH Sept 17 1923
(Name of Month) (Day) (Year)

FATHER.
(12) FULL NAME William Jackson
(13) PRESENT POSTOFFICE OF FATHER Salters Depot S.C.
(14) COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 21
(Year)
(16) BIRTHPLACE Windsor Co. S.C.
(17) OCCUPATION Farm laborer
(18) Number of children born to mother, including present birth 2

MOTHER.
(19) NAME BEFORE MARRIAGE Jamie Morris
(20) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.
(21) COLOR OR RACE negro (22) AGE AT LAST BIRTHDAY 20
(Year)
(23) BIRTHPLACE Windsor Co. S.C.
(24) OCCUPATION Farm laborer
(25) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was Born alive at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(27) (Signature) Verna Singletary
(28) State whether Physician or Midwife midwife (29) Address of Physician or Midwife Salters Depot S.C.

Given name added from a supplemental report
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19 ..
Registrar

(30) Witness (Signature of Witness necessary only when question 23 is signed by male)
(31) Filed Sept 20 1923 (32) A. R. Moulton Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.