

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child

John William Jackson

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 19, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jessie Jackson

(9) PRESENT POSTOFFICE OF FATHER 16 Hannes ct

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Fireman

MOTHER.

(14) NAME BEFORE MARRIAGE Cornelius Jackson

(15) PRESENT POSTOFFICE OF MOTHER 16 Hannes court

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alive at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mamie E. Randall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Green
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 1/30/23 19 23 (28) 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41247

Registration District No. 9A Registered No. 1889

(For use of Local Registrar)

(No. 16 Hannes ct St.; Ward)

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NOTE: This certificate is to be filled out by the attending physician or midwife, or by the father, householder, etc., if the child is born at home. It is to be filed with the State Registrar, Columbia, S. C., within one month of the date of birth. It is also to be filed with the Local Registrar, Charleston, S. C., within one month of the date of birth. No. 1, Third Edition, 1922.