

(1) PLACE OF BIRTH

County of 24th B...Township of 74th St

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

75086

Registration District No. 4501 Registered No. 515-

(For use of Local Registrar)

(2) Full Name of Child William 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 Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 24</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Adam Jackson(9) PRESENT POSTOFFICE OF FATHER Salters Depot P.O.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { Eleven }

MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Harrison(15) PRESENT POSTOFFICE OF MOTHER Salters Depot P.O.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE 24th B... Co P.O.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { Four }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Salters Depot P.O.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Sept 1 1916 (28) Edgar J. Lee 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.

MARGIN RESERVED FOR BINDING.

WRITE AINLY, 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.

McGaw, of Columbia.