

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly HillInc. Town of Holly HillCity of Holly Hill

(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

Registration District No. 3609

File No.—For State Registrar Only

2185

Registered No. 3

(For use of Local Registrar)

St.: _____ Ward: _____

(2) Full Name of Child Lafayette Jackson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 1, 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Lafayette Jackson(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Land(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Harriet Pritchett(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer Land(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Virginia Duggins(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(25) Witness M. H. Hession

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

(26) Filed Jan. 8, 1922 (27) A. M. Hession 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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