

Fill in the name of EACH CHILD, and mark the sex, in question 3. Fill in the name of the OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Saluda
 Township of No. 1
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
32026

Registration District No. 3700A Registered No.
 (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

J. D. Jackson
 (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 May 18 1922
 (If child is not yet named, make supplemental report as directed)

FATHER.
 (8) FULL NAME Lomnie Jackson
 (9) PRESENT POSTOFFICE OF FATHER Batesburg
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Saluda Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Lessie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Saluda Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) F. D. Jackson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Saluda Co
 Given name added from a supplemental report

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

(27) Filed Oct 7 1922 (28) At. Brown
 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.