

MARGIN RESERVED FOR REVENUE. WRITE PLAINLY. 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 8.

(1) PLACE OF BIRTH

County of Stone
 Township of Center
 OR
 Inc. Town of.....
 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

No. for State Register only
11426

Registration District No. 2050 Registered No. 545
 (For use of Local Registrar)

(2) Full Name of Child Nina Jackson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 10 (6) Are Parents Married No (7) DATE OF BIRTH January 1, 1923
 (Day of Month) (Year)

FATHER.
 (8) FULL NAME.....
 (9) PRESENT OCCUPATION OF FATHER.....
 (10) COLOR OR RACE..... (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE.....
 (13) OCCUPATION.....
 (14) Number of children born to mother, including present birth 10

MOTHER.
 (15) NAME BEFORE MARRIAGE Ellen Smith
 (16) PRESENT OCCUPATION OF MOTHER Seneca St
 (17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 45 (Years)
 (19) BIRTHPLACE Anderson County
 (20) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Earle
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster St.

Given name added from a supplemental report.....

(26) Witness.....
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Jan 19 1923 (28) W. P. J. J. J. 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.