

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Mayesville  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

1929

Registration District No. 4102Registered No. 18  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) Sex Male (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 6 23  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Mayesville SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME AND MARRIAGE Rosa Bell Jackson  
 (15) PRESENT POSTOFFICE OF MOTHER Mayesville SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Melba Jackson(24) State whether physician or midwife Midwife(25) Address of Physician or Midwife Mayesville

Given name added from a supplemental report

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

(27) Filed Mar 31 23 (28) C. W. Cooper 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.