

(1) PLACE OF BIRTH

County of Calhoun
 Township of Amelia
 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

88625

Registration District No. 800Registered No. 172
(For use of Local Registrar)

(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

Jackson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

—

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF

Dec 8, 1916

BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Jackson

(9) PRESENT POSTOFFICE OF FATHER

Hy Motte

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

50

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Home laborer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Amie Rebecca Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Hy Motte

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

—

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at ... 7 a.m. ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Amie B. Byrd midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Ed Miller mid

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

(27) Filed

Dec 31, 1916(28) W. A. ...

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.