

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of CharlestonRegistration District No. 9ARegistered No. 35066
(For use of Local Registrar)(No. 50 of Franklin 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 Oliver Jackson

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

| | | | | |
|---------------------------|---|--------------------------------------|-----------------------------------|--|
| 3) BOY OR GIRL <u>Boy</u> | 4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet | 5) Number in order of birth <u>1</u> | 6) Are Parents Married <u>Yes</u> | 7) DATE OF BIRTH <u>Nov 7 1923</u> (Month) (Day) (Year) |
|---------------------------|---|--------------------------------------|-----------------------------------|--|

FATHER.

8) FULL NAME Oliver Jackson9) PRESENT POSTOFFICE OF FATHER Charleston10) COLOR OR RACE Col.11) AGE AT LAST BIRTHDAY 24
(Years)12) BIRTHPLACE San Island13) OCCUPATION Labor20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Imrie Williams15) PRESENT POSTOFFICE OF MOTHER Charleston16) COLOR OR RACE Col.17) AGE AT LAST BIRTHDAY 24
(Years)18) BIRTHPLACE San Island19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. B. B. Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 16 Short St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 25 is signed by doctor)(27) Filed 11/13 1923 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.