

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Butte
 Township of Butte
 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 Register
44480

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

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Triplet <u>No</u>	(5) Status in order of birth <u>1st</u>	(6) Age at birth <u>yr</u>	(7) DATE OF BIRTH <u>Apr 1 1923</u> (Name of month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ray Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Shila Beckel</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Walterboro, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Walterboro, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Plumber</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Michael Bowman M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Physician Walterboro, S.C.

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) J. H. Cross 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.

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