

(1) PLACE OF BIRTH

County of SpokaneTownship of Campbell

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

1914

Registration District No. 4421 A Registered No. 2
(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 Lethia Jackson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH June 2 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Laf Jackson(9) PRESENT POSTOFFICE OF FATHER Immam St. R. 2(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE So.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 1 5

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Liberton(15) PRESENT POSTOFFICE OF MOTHER Immam St. R. 2(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE So.(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born & live at 2 02,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Carrie Hines midwife(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Immam St. R. 2

Given name added from a supplemental report

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

(26) Filed 19 (27) Am J. Bishop 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.