

MAKING THIS REPORT FOR THE STATE OF SOUTH CAROLINA. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
WITH PLAIN. WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH Spaulding **CERTIFICATE OF BIRTH**  
County of Spaulding STATE OF SOUTH CAROLINA.  
Township of Cross Anchor Bureau of Vital Statistics  
Inc. Town of Spaulding State Board of Health  
or  
City of Spaulding (No. 4003 Registered No. 112  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)  
(2) Full Name of Child Lillian Jackson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 10 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Richard Jackson  
(9) PRESENT POSTOFFICE OF FATHER Hobbsville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Union Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 5

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Anna Davis  
(15) PRESENT POSTOFFICE OF MOTHER Hobbsville  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Union Co.  
(19) OCCUPATION Housewife & Field Laborer  
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at Spaulding, S.C., on the date above stated. (Hour A. M. or P. M.)

(23) Signature C. M. Nash  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Anchor

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 11 1916 (28) C. D. Nanna 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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