

## PLACE OF BIRTH

County of Aiken  
 Township of Shaw  
 or  
 Town of .....  
 or  
 of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

24507

Registration District No. 211 Registered No. ....  
 (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.)

Full Name of Child Marion Jackson {If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Married (7) DATE OF BIRTH 219 11 22  
 (Name of Month) (Day) (Year)

## FATHER.

FULL NAME Marion JacksonPRESENT POSTOFFICE OF FATHER Ridge Spring SCCOLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
 (Years)BIRTHPLACE Edgefield CountyOCCUPATION FarmingNumber of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ivy Holcomb(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (Years)(18) BIRTHPLACE Edgefield County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive ..... at 4 A.M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Dr Tweedman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnston SC

name added from a supplemental report

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

(27) Filed Sept 1 1922 (28) M. P. Wharton  
 Local Registrar.

there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.