

(1) PLACE OF BIRTH

County of Berkley  
Township of 1st

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3012

Registration District No. 705

Registered No. 3  
(For use of Local Registrar)

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

(3) BOY OR GIRL G (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pompey Jackson

(9) PRESENT POSTOFFICE OF FATHER Pineville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Pineville

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Washington

(15) PRESENT POSTOFFICE OF MOTHER Pineville

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Pineville

(19) OCCUPATION Farm wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Taylor (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineville

Given under great Oath & Subscribed and sworn to before me

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

(27) Date Jan 5 1923 (28) Wm. A. Taylor

If a child is born dead, the report is to be made to the State Board of Health.