

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inn. Town of .....

City of Greenville, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

17743

Registration District No. 22 A Registered No. 815

(For use of Local Registrar)

(No. 448 Oscar St. Ward)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 16, 1923 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Arch Jackson(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 7

## MOTHER

(15) NAME BEFORE MARRIAGE Francis Owings(16) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 38 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Cooking(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 alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Thompson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness John Smith (Signature of Witness necessary only when question 23 is signed by clerk)(27) John Smith (28) John Smith 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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