

(1) PLACE OF BIRTH

County of LeeTownship of Lynchburgor
Inc. Town of

City of

(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

65153

Registration District No. 3002Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Jessie Jackson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 201916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louie Jackson

(9) PRESENT POSTOFFICE OF FATHER

Elliott S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Lee Co. S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Brown

(15) PRESENT POSTOFFICE OF MOTHER

Elliott S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Lee Co. S.C.

(19) OCCUPATION

House work

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

born alive 1030 A.M.
(Hour A. M. or P. M.)

(23) (Signature)

Nancy Duhan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeElliott S.C.

Given name added from a supplemental report

(26) Witness

J. W. Duhan

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

(27) Filed

6/301916

(28)

J. F. Wadsworth

Local Registrar

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.

McKay, of Columbia

SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.