

Form No. 1

(1) PLACE OF BIRTH

County of ChathamTownship of Low

or

Inc. Town of Cumma

or

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

88661

Registration District No. 502 Registered No. 179

(For use of Local Registrar)

(2) Full Name of Child Robert Paul Jackson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 16</u> 19 <u>16</u>
				(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Willie Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. Rosa Jackson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cumma S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cumma S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(12) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(11) BIRTHPLACE <u>Orangeburg Co</u>	(18) BIRTHPLACE <u>Orangeburg Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Agnes H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Ellen S.C.

Given name added from a supplemental report

(26) Witness R. L. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12.18.1916 (28) W. D. Keller 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.