

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31723

Registration District No. 3614 Registered No. 127
 (For use of Local Registrar)

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

(2) Full Name of Child Ollie Idel Jackson

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

3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Henry Jackson
 9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50
 (Year)
 12) BIRTHPLACE Orangeburg Co
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Ollie Ott.
 15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
 (Year)
 18) BIRTHPLACE Orangeburg Co
 19) OCCUPATION House Wife

20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour P.M. or P.M.)

(23) (Signature) Ida Sweetman (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness Ida Sweetman
 (Signatures of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 21, 1922 (28) D. G. Dauter 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.

RECEIVED BY CLERK, WHO WILL SIGN AND RETURN TO THE REGISTRAR, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NAME OF CHILD ON THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 3.