

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Charleston  
Township of St. George  
or  
Inc. Town of.....  
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

Registration District No. 1205 Registered No. 8  
(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Not named  
(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 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 8, 1911  
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Henry Jackson (14) NAME BEFORE MARRIAGE Ellie Outin  
(9) PRESENT POSTOFFICE OF FATHER Capeland S.C. 94 (15) PRESENT POSTOFFICE OF MOTHER Capeland S.C. 94  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer (19) OCCUPATION House work  
(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Edward D. Colson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Capeland S.C.  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed 13 (28) J. B. Ralston Local Registrar

Given name added from a supplemental report

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.