

Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 or
 Inc. Town of Marion
 or
 City of Marion

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

File No.—For State Registrar Only
31231

Registration District No. 57 Registered No. 57
 (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

Marion Mary Jackson
 if child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Sept 17 1924
 (Night of Month) (Day) (Year)

FATHER

(6) FULL NAME Walter J. Jackson
 (7) PRESENT POSTOFFICE OF FATHER Marion S.C.
 (8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 23 (Year)
 (10) BIRTHPLACE Marion County
 (11) OCCUPATION Farmer

MOTHER

(12) NAME BEFORE MARRIAGE Marion Jackson
 (13) PRESENT POSTOFFICE OF MOTHER Marion S.C.
 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 23 (Year)
 (16) BIRTHPLACE Marion Co S.C.
 (17) OCCUPATION Domestic

(18) Number of children born to mother, including present birth 1 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (How P. M. or P. M.)

(21) (Signature) W. J. Jackson
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

1924 Registrar (25) Filed Sept 18 1924 (26) 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.