

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. St. Ward)
(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 HealthFile No.—For State Registrar Only
20002Registration District No. 7.A.6. Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child

Eveline Jackson

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 26, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ruben Grant

(9) PRESENT POSTOFFICE OF FATHER

Jamestown S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

3
(Years)

(12) BIRTHPLACE

Beckley Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Susan Manning

(15) PRESENT POSTOFFICE OF MOTHER

Jamestown S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Beckley Co.

(19) OCCUPATION

W. H. Manning

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

1

(21) 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 ... at ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

B. A. Manning

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jamestown

(26) Given name added from a supplemental report

(28) Witness

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

(27) Filed

July 28, 1923

Registrar

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.