

FORM NO. 5. MARGIN RESERVED FOR BINDING. 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 York
Township of Ebenezer
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

File No. — For State Registrar Only
47741

Registration District No. 4405 Registered No. 4
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan. 6, 1916</u> <small>(Month) (Day) (Year)</small>
FATHER.				MOTHER.
(8) FULL NAME <u>M. Jackson</u>				(14) NAME BEFORE MARRIAGE <u>Mamie Martin</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>York Co.</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>York Co.</u>		
(19) OCCUPATION <u>Domestic</u>		(20) Number of children of this mother now living, including present birth <u>2</u>		
(21) Number of children of this mother now living, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. P. Cowley
(24) State whether Physician or Midwife
Physician
(25) Address of Physician or Midwife
.....

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
.....
(27) Filed 1/20/ 1916 (28) 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.

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