

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. W. McCaw, of Columbia

(1) PLACE OF BIRTH
 County of York
 Township of Ebenezer
 or
 Inc. Town of
 or
 City of (No.
 (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 Mileau Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets.</small>	(6) Are Parents Married? <u>✓</u>	(7) DATE OF BIRTH <u>Jan. 6, 1916</u> <small>(Month) (Day) (Year)</small>
------------------	-------------------------------	--	-----------------------------------	--

FATHER.

(8) FULL NAME W. M. Jackson
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE York Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Martin
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE York Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

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. (Hour A. M. or P. M.)
 (23) (Signature) T. R. Cowley, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Physician

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) J. R. Muel 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.
 *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.