

(1) PLACE OF BIRTH

County of DarlingtonTownship of Doveror Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18349

Registration District No. 1302Registered No. 18
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Miriam Jackson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 18, 1922
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Robert Jackson(9) PRESENT POSTOFFICE OF FATHER Dover(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Dover(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Bell Hudson(15) PRESENT POSTOFFICE OF MOTHER Dover(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Darlington S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 11

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) Paul D. Dube

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeLocality Hill

Given name added from a supplemental report

(26) Witness

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

15
Registrar(27) Filed July 1, 1922(28) E. A. Early
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.