

(1) PLACE OF BIRTH

County of FairfieldTownship of H

Incl. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File-No.—For State Registrar Only

4048

Registration District No. 1905 Registered No. 7
(For use of Local Registrar)City of (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 John L. Jackson { If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jackson(9) PRESENT PLACE OF FATHER Winnsboro(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Fairfield co(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Jackson(15) PRESENT POSTOFFICE OF MOTHER Winnsboro(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Self

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)(22) (Signature) W. H. Lawrence
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

(25) Give name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191... (28) W. H. Lawrence Local Registrar

(29) 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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