

Form No. 1.

(1) PLACE OF BIRTH

County of York
Township of Ham
OR
Inc. Town of Calabu
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 Health

File No. — For State Registrar Only

75271

Registration District No. 4407 Registered No. 96
(For use of Local Registrar)

(2) Full Name of Child Nelle Jackson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 0 (5) Number in order of birth 0 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 29, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar S. Jackson
(9) PRESENT POSTOFFICE OF FATHER Calabu S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE York Co.
(13) OCCUPATION R.R. Clerk
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret M. Daynes
(15) PRESENT POSTOFFICE OF MOTHER Calabu S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE York Co.
(19) OCCUPATION House wife
(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 Alive, at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Campbell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Calabu S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 29 1916 (28) J. C. Biscoe 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.

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. McCaw, of Columbia.