

Form No. 1.

## (1) PLACE OF BIRTH

County of YorkTownship of UnionInc. Town of CalabuCity of Calabu

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

(8) FULL NAME Oscar Lee Jackson(9) PRESENT POSTOFFICE OF FATHER Calabu SC(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. Vagans(15) PRESENT POSTOFFICE OF MOTHER Calabu SC(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. H. Campbell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Calabu SC

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. Biser 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.