

WHICH PLAINLY, WITH UNPAID INC.—THIS IS A PERMANENT RECORD, and mark the
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 8.
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of Marion
or
Inc. Town of.....
or
City of

(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

Registration District No. 3203

File No.—For State Registrar Only
19431

Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child

Neomi Jackson

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH 6 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Jackson
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Marion S.C.
(13) OCCUPATION Framing
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ellen Roberts
(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Marion S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 M., on the date above stated. (Born alive & stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Crawford
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1922 (28) Susan Crawford 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.