

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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 1.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Magellan  
 Township of St. Mary's  
 or  
 Inc. Town of St. Mary's  
 or  
 City of St. Mary's

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

418

Registration District No. 2403

Registered No. 12  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane Jackson

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

(3) BOY OR GIRL Girl (4) Twin or Triplet ✓ (5) Year in order of birth 5 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 10, 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME J. G. Jackson  
 (9) PRESENT POSTOFFICE OF FATHER St. Mary's  
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 36  
 (Year) (12) BIRTHPLACE Cal  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 5

MOTHER.  
 (14) NAME BEFORE MARRIAGE Abraham Jackson  
 (15) PRESENT POSTOFFICE OF MOTHER St. Mary's  
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 26  
 (Year) (18) BIRTHPLACE Cal  
 (19) OCCUPATION Cook  
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Alice Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Mary's

Given name added from a supplemental report

(26) Witness A. B. McFarrell

(27) Date Sept 15, 1923 (28) Local Registrar A. B. McFarrell

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.