

Form No. 1

(1) PLACE OF BIRTH

County of *Marble*

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42289

Registration District No. *14*Registered No. *79*
(For use of Local Registrar)(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

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH. <i>Dec 10 22</i> (Name of Month (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME *John Jackson*

(9) PRESENT POSTOFFICE OF FATHER *Humboldt St*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE *Marble County*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Amanda Bagley*

(15) PRESENT POSTOFFICE OF MOTHER *Humboldt St*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *Marble County*

(19) OCCUPATION *Help with the farm*

(21) 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 at *9 a* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sanice Young*(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Margaret Haynes*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 20 22* (28) *P. M. Haynes* 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.

SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.