

(1) PLACE OF BIRTH

County of Lancaster
 Township of Flat Creek
 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

43166

Registration District No. 3503 Registered No. 129
 (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 Will Adams Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 9, 1933
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Jackson
 (9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Lancaster County
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Walker
 (15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Kershaw S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec. 19, 1933(28) J. C. Nelson 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.