

THIS IS A PERMANENT RECORD.
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 5.
McRAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of Lower
or
Inc. Town of Congaree SC
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32015

Registration District No. 5003 Registered No. 218
(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 Joseph 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 12, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Jackson
(9) PRESENT POSTOFFICE OF FATHER Congaree SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 17 (Year)
(12) BIRTHPLACE Congaree
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Lilla Thompson
(15) PRESENT POSTOFFICE OF MOTHER Congaree
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)
(18) BIRTHPLACE Congaree SC
(19) OCCUPATION

(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 Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Howell
(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 10 (28) 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.