

Form No. 10.

MARGIN RESERVED FOR BINDING.

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

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the TWIST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 6.

County of Columbia,

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State—	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA		77379	
Township of <u>Cokesburg</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>2304</u>		Registered No. <u>25</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; ....)		(For use of Local R.)	
(2) Full Name of Child <u>Henry Louis Jackson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 24, 1916</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Henry Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Miss Laura Shourd</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hodges S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hodges S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>5</u> Years			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Cokesburg S.C.</u>			(18) BIRTHPLACE <u>Greenwood Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Susan Williams</u>					
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife <u>Midwife Hodges S.C.</u>					
Given name added from a supplemental report .....			(26) Witness .....		
....., 191....			Signature of Witness necessary only when question 23 is signed by mark		
..... Registrar			(27) Filed <u>Sept 29, 1916</u> (28) <u>D. D. Ramsey</u> 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.					

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File No. — For State —  
77379

1916  
(Year)

Still  
P.C.  
7  
(S)

County.

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A. M.,  
(or P. M.)  
M.D.  
Midwife  
S.C.

Regist.

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