

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A(No. 36 Chapel)No. 3150 - For State Registrar Only

3150

Registered No. 237
(For use of Local Registrar)(2) Full Name of Child Anne Jackson

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

(3) BOY OR GIRL <u>G</u>	(4) Twin or Triplet <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 20 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas Jackson(9) PRESENT POSTOFFICE OF FATHER 36 Chapel(10) COLOR OR RACE C. (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION laborer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE May Belle Thompson(15) PRESENT POSTOFFICE OF MOTHER 36 Chapel(16) COLOR OR RACE C. (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE S. C.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:40 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Marta Robinson(24) State whether Physician or Midwife Mid-wife (25) Address of Physician or Midwife 32 Calhoun

Given name added from a supplemental report

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

(27) Filed 2/26 1923 J. M. Robinson Local Registrar.

When there are stillbirths, then the father, householder, etc., should make this return. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths during the 28th month of pregnancy.