

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No. 1.5.2

File No.—For State Registrar Only

830

(For use of Local Registrar)

(2) Full Name of Child. Mavin Jackson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Jan 3 23

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mavin Jackson

(9) PRESENT POSTOFFICE OF FATHER

Levensworth

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Levensworth Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

4

MOTHER

(14) NAME BEFORE MARRIAGE

Osile Smith

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville, R

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Doverville S.C.

(19) OCCUPATION

House wife

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Alena Davis

(23) State whether Physician or Midwife

midwife

(24) Address of Physician or Midwife

Washington

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb 1 1923 (27)E. E. E. E.

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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