

PLACE OF BIRTH

City of Orlando
 County of De. Hill
 or
 Town of

CERTIFICATE OF BIRTH

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

No. 15.-For State Register Use
39881

Registration District No. 1510Registered No. 65
(For use of Local Registrar)

(No. St.) Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Jean Jackson If child is not yet named, make supplemental report as directed

SEX ON BIRTH Boy (4) Type of Infant To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age 23 (7) DATE OF BIRTH Dec 23
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME Jed. JacksonPRESENT RESIDENCE OF FATHER Locust HillCOLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)BIRTHPLACE S.C.OCCUPATION FarmerNumber of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Jones(15) PRESENT RESIDENCE OF MOTHER Locust Hill(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Madame Logan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Loc. Hill

Given name added from a supplement-
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 25 is signed by mark)

(27) Date Jan 7 23 (28) Local Registrar Robertson

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.