

Form No. 1

## (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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311

File No. — For State Registrar Only

40881

Registered No. 75  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 17, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Orr Jackson

(9) PRESENT POSTOFFICE OF FATHER

Star S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46  
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ida Pittigrew

(15) PRESENT POSTOFFICE OF MOTHER

Star S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

47  
(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Domestic

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

10

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Lizzie Bolden

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Star S.C.

Given name added from a supplemental report

(26) Witness

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

19  
Registrar

(27) Filed

Jan 9, 1923

(28)

L. A. Todd

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.