

Form No. 1

(1) PLACE OF BIRTH
Sumter

County of

Township of **Privateer** ..

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. **4104**

File No. — For State Registrar Only

16045Registered No. **46**

(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.)(2) Full Name of Child **Infant Jackson**

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

1. BOY OR GIRL
Male4. Twin or Triplet?
None
To be answered only in event of Twin or Triplet

5. Number in order of birth

10. Are Parents Married?
Yes7. DATE OF BIRTH
May-26-23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME
M.R. Jackson9. PRESENT POSTOFFICE OF FATHER
Sumter, S.C. No. 2.10. COLOR OR RACE
White11. AGE AT LAST BIRTHDAY
34
(Years)12. BIRTHPLACE
Sumter Co. S.C.13. OCCUPATION
Farming

MOTHER.

14. NAME BEFORE MARRIAGE
Anna Singleton15. PRESENT POSTOFFICE OF MOTHER
Sumter, S.C. #216. COLOR OR RACE
White17. AGE AT LAST BIRTHDAY
27
(Years)18. BIRTHPLACE
Sumter Co. S.C.19. OCCUPATION
Housewife20. Number of children born to mother, including present birth
Seven21. Number of children of this mother now living, including present birth
Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child who was **alive** at **10. AM** M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) **M. R. Jackson**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Father**Sumter, S.C. No. 2.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

5-27-1923.

(27) Filed

(28) 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.