

South Carolina State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

43720

1. PLACE OF BIRTH

County Marble Essex Registered District No. _____

Certificate No. _____

Family Bright Vill Sc Bright Vill Scat Bright Vill Sc at home

(If birth occurred in hospital or institution, give the name instead of street and number)

2. FULL NAME OF CHILD Rafael Henry Jackson (If child is not yet named, make supplemental report, as directed)3. Sex of child boy 4. Total, triplet, or other 1 5. Number, in order of birth 1 6. Parents married Yes 7. Date of birth Oct 28 28 (Name of Month) (Day) (Year)8. FATHER John Jackson 14. MOTHER Jenevieve Carlton9. Residence (Usual place of abode) Gibson Nc 15. Residence (Usual place of abode) Sc10. Color or race Caucasian 11. Age at last birthday 24 (Years) 16. Color or race Caucasian 17. Age at last birthday 16 (Years)12. Birthplace (city or place) (State or country) Lynchburg Nc 18. Birthplace (city or place) (State or country) Marble Co13. Occupation Day work 19. Occupation Farmer20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive, but now dead 1 (c) Stillborn _____21. Did you use drops in baby's eyes at birth to prevent blindness? yes If not, why not? i give drops

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was act the 28 at 6 PM on the date above stated. (Born alive or stillborn) (Hour, a.m. or p.m.)23. (Signature) Marjorie Mack, midwife (State whether physician or midwife)24. Witness Salay Carlton (Signature of witness necessary only when signed by mark)25. Filed December 22 1922 Local RegistrarGiven name added from supplemental report Jennifer Registrar