

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

79519

Registration District No. 44.10.8 Registered No. 1.28
 (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 Matieha Jackson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 23 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 20, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Jackson
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Mack
 (15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Fatio Nelson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 22, 1916 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.