

FORM NO. 1

(1) PLACE OF BIRTH

County of

Sumter S.C.

Township of

Sumter

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

File No. For State Registrar Only

87660

Registration District No. *4108*

Registered No. *158*
(For use of Local Registrar)

(2) Full Name of Child

William Jackson Jr.

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Nov 12 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Jackson

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

Barber

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Madalene Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Farming

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *7 a.m.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Percella Butler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Mrs Olla Conyers
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 11 1916

(28)

Conyers
Local Registrar

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

*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.