

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

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

23951

Registration District No. *1203*Registered No. *105*
(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

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

(1) BOY OR GIRL <i>girl</i>	(2) Twin or Triplet? To be answered only in case of Twins or Triplets	(3) Number in order of birth	(4) Are Parents Married? <i>yes</i>	(5) DATE OF BIRTH (Name of Month) (Day) (Year) <i>aug 27 1923</i>
FATHER			MOTHER	
(6) FULL NAME <i>Walter Jackson</i>			(14) NAME BEFORE MARRIAGE <i>Martha Sellar</i>	
(7) PRESENT POSTOFFICE OF FATHER <i>Charleston SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Charleston SC</i>	
(8) COLOR OR RACE <i>negro</i>	(9) AGE AT LAST BIRTHDAY (Year) <i>27</i>	(16) COLOR OR RACE <i>negro</i>		
(10) BIRTHPLACE <i>SC</i>		(17) AGE AT LAST BIRTHDAY (Year) <i>27</i>		
(11) OCCUPATION <i>Farming</i>		(18) BIRTHPLACE <i>SC</i>		
(12) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *Charleston* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Walter Jackson*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Charleston SC*

Given name added from a supplemental report

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

(27) Filed *Sept 1 1923* (28) *100* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.