

THIS PLAIN, WHITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">6222</div>	
County of <u>Abbeville</u>		Registration District No. <u>107</u>		Registered No. <u>16</u> (For use of Local Registrar)	
Township of <u>Magnolia</u>					
Inc. Town of		(No. St.; Ward)		If child is not yet named, make supplemental report as directed	
City of					
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>James Henry Jackson</u>					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 15, 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Alex Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Hitty Tillman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lowndesville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lowndesville R.F.D. 3</u>		
(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>4</u> (Years)	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Abbeville S.C.</u>			(18) BIRTHPLACE <u>Abbeville S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6:30</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Amanda Horton</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Lowndesville S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Mar 30, 1922</u> (28) <u>W. H. Jones</u> 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.