

## (1) PLACE OF BIRTH

County of CharlestonTownship of SpartanvilleEne. Town of Rodman

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

6435

Registration District No. 1106 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child James 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 19, 1923 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME James Jackson

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Fort Mill S.C.(13) OCCUPATION Railroading(14) Number of children born to mother, including present birth 2

## MOTHER

(15) NAME BEFORE MARRIAGE Julia Lee(16) PRESENT POSTOFFICE OF MOTHER Rodman(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 24 (Years)(19) BIRTHPLACE Charleston County(20) OCCUPATION Farming(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 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Wood(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rodman S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by father)

(27) Filed 3/29 1923 (28) J. H. Lee's 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.

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