

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston S.C.

(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

3183

Registration District No. 9 A Registered No. 265

(For use of Local Registrar)

Full Name of Child Jackson Franklin Gary

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

(1) BOY OR GIRL?	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb. 3, 22</u>
	To be answered only in case of twins or triplets			(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Arthur Gary

(9) PRESENT POSTOFFICE OF FATHER 59 Charles St. Charleston S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Mt Pleasant S.C.

(13) OCCUPATION Butler

MOTHER

(14) NAME BEFORE MARRIAGE Estelle Robinson

(15) PRESENT POSTOFFICE OF MOTHER 59 Charles St. Charleston S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Mt Pleasant, S.C.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(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 3:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Brady, M.D. (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 7/6 191

(28) J. J. Brady, M.D. 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.