

Form No. 10. MARGIN RESERVED FOR BINDING. WHERE 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.

(1) PLACE OF BIRTH
County of Sumter
Township of Providence
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
57790

Registration District No. 4108' Registered No. 46
(For use of Local Registrar)
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 Roberta Jackson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are you Parents Married? _____ (7) DATE OF BIRTH April 31 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Jackson
(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth { 10

MOTHER.

(14) NAME BEFORE MARRIAGE Marriett Knox
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1- A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha M. Gysa
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Duezell S.C.

Given name added from a supplemental report
191
Registrar

(26) Witness Mrs. Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed April 8 1916 (28) B. M. Laughlin 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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