

## (1) PLACE OF BIRTH

County of Williams  
 Township of Effingham  
 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

4124

Registration District No. 2004 Registered No. 17  
 (For use of Local Registrar)

St. South Carolina Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Bernice Jackson

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 21 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Effingham  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE Florida  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 19

## MOTHER.

(14) NAME BEFORE MARRIAGE Samuel M. Miles  
 (15) PRESENT POSTOFFICE OF MOTHER Effingham  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (18) BIRTHPLACE Florida  
 (19) OCCUPATION Farmer  
 (20) Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)  
 on the date above stated. Feb 21 1922

(23) (Signature) Frank Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Effingham

Given name added from a supplemental report

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

(27) Filed Feb 22 1922 (28) W. C. Hill 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.

NOTES: REGISTRARS OF THE BIRTH RECORDS, WHEN PREPARING THIS IN A PERMANENT RECORD, SHOULD BE CAREFUL TO WRITE PLAINLY. WHEN PREPARING THIS IN A PERMANENT RECORD, SHOULD BE CAREFUL TO WRITE PLAINLY. WHEN PREPARING THIS IN A PERMANENT RECORD, SHOULD BE CAREFUL TO WRITE PLAINLY.