

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofCity of Sumter

(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

50547

Registration District No. 41A Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Thelma Jackson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? g (4) Twin or Triplet? 1 (5) Number in order of birth 431 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 6 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Jackson(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Sumter Co SC(13) OCCUPATION Exp. office(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Celestine Davis(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Princeton(19) OCCUPATION Cook(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Thelma, at 6:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca B. B. B.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeSumter, SC

Given name added from a supplemental report

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

(27) Filed Feb 18 1916.. (28) M. J. McKenney 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.