

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

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

42519

Registration District No. 2107 Registered No. 68
(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

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 Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Jack Jackson

9) PRESENT POSTOFFICE OF FATHER

Georgetown

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

40
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rocky Ford

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 50 P.M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Nancy Ford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 1 1922

(28)

Mrs. R. J. King
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.