

MARGIN RESERVED FOR INDEXING.  
 WHITE PLAINS. WITH ENFOLDING TAB—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 9

(1) PLACE OF BIRTH  
 County of *Charleston*  
 Township of *S. C. S. M.*  
 or  
 Inc. Town of .....  
 City of .....  
 (No. *9 Mile* ..... St.; ..... Ward)  
 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  
**3496**

(2) Full Name of Child *Infus Jackson* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in case of Twins or Triplets	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 18 1922</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Infus Jackson</i>			(14) NAME BEFORE MARRIAGE <i>Mary Bennett</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>North Charleston</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>North Charleston</i>	
(10) COLOR OR RACE <i>Col</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)	(16) COLOR OR RACE <i>Col</i> (17) AGE AT LAST BIRTHDAY <i>30</i> (Years)		
(12) BIRTHPLACE <i>Columbia S. C.</i>		(18) BIRTHPLACE <i>St. Stephens</i>		
(13) OCCUPATION <i>Common Laborer</i>		(19) OCCUPATION <i>Housework</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elia Nelson*  
 (24) State whether Physician or Midwife  
*Midwife* (25) Address of Physician or Midwife  
*9 Mile*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "No")  
*W. T. Myers*  
 (27) Filed *Feb 12 1922* (28) *C. T. Myers*  
 Registrar 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.