

MAINTAINED FOR BINDING.

WRITE 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 York  
 Township of King  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
9547

Registration District No. 4417 Registered No. .... 2  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents married? Yes (7) DATE OF BIRTH Jan 4 1922  
 (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME L. S. Jackson (14) NAME BEFORE MARRIAGE Dolly Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Chrom S.C. (15) PRESENT POSTOFFICE OF MOTHER Chrom S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31  
 (Year) (Years)  
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer (19) OCCUPATION Housekeeper  
 (20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

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.

(23) (Signature) Carson Little (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chrom S.C.  
 (26) Signature of Witness necessary only when question 23 is signed by mark Reynolds G. Gotten  
 (27) Jan 12 1922 (28) J. S. Jackson Local Registrar

Given name added from a supplemental report

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even born, it must not be treated as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.