

(1) PLACE OF BIRTH

County of Florence
 Township of Elmore
 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

34376

Registration District No. 2003 Registered No. 50
 (For use of Local Registrar)

City of (No. 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 Robert Eugene 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 5 (6) Was Parents Married? yes (7) DATE OF BIRTH Oct. 3 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Jackson
 (9) PRESENT POSTOFFICE OF FATHER Baumocklum SC
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Elmore
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth five

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Baumocklum
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Elmore
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 4 at P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Nicholas Saller Rish
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Wm. E. Ward
 (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed Oct 9 22 (28) H. M. C. Ward 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.