

MARGIN RESERVED FOR BINDING.
WHEN FILLING IN, WRITE UNFADING INK—WHEN IN 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 8.

(1) PLACE OF BIRTH

County of Cumbe
Township of Maysville
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

16885

Registration District No. 4102 Registered No. 44
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/25/22
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Samuel Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Charlotte Young</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Maysville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Maysville</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Maysville</u>	(16) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>58</u> (Years)
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Housewife</u>
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Anna Petyan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Maysville
(26) Witness AT
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 3/25/22 (28) AT 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.