

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Columbia, D.C.

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

87137

Township of

or
Inc. Town of

or
City of

(No.)

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

Registration District No. 38a Registered No. 1524
(For use of Local Registrar)

St. 5 Ward

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 30, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Jackson

(9) PRESENT POSTOFFICE OF FATHER 330 pickens st

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE Congree D.C.

(13) OCCUPATION mill hand

(16) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Jenkins

(15) PRESENT POSTOFFICE OF MOTHER 330 pickens st

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Hopkins D.C.

(19) OCCUPATION Washwoman

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive 11 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Maggie Jones
(24) State whether Physician or midwife midwife (25) Address of Physician or Midwife 1716 Rice st

Given name added from a supplemental report

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

(27) Filed 11/14 1916 (28) W. H. Jones 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 fourth month of pregnancy.

Birth month of pregnancy.

McGraw-Hill Co. of Columbia, S. C. This form is a separate blank for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.