

Form No. 1.

(1) PLACE OF BIRTH

County of NormaTownship of IMMONSVILLE, S. C.

Inc. Town of

or

City of

(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

46243

Registration District No. 2015 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Janice 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) Age 2 (7) DATE OF BIRTH Jan 2 6

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

(8) FULL NAME Elijah Jackson (14) Birth Record(9) PRESENT POSTOFFICE OF FATHER IMMONSVILLE, S. C. (15) PRESENT POSTOFFICE OF MOTHER IMMONSVILLE, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17(12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.(13) OCCUPATION Lab work (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour 2 & P. M.) on the date above stated.(23) (Signature) Hattie T. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife IMMONSVILLE, S. C.

Given name added from a supplemental report

(26) Witness R. B. Harris

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 181 (28) 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.

MARGIN RESERVED 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.

Caw. of Columbia.