

(1) PLACE OF BIRTH

County of Richmond
 Township of Richmond
 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
19322

Registration District No. 3.1.1.3 Registered No. 34
 (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 Harry Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1932
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Harry Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Eileen Reed</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Richmond</u>	(18) BIRTHPLACE <u>Richmond</u>	(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. H. Jackson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

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

(27) Filed July 3 1932 (28) Mrs. H. Jackson 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.