

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of Bethelor
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

45019

Registration District No. 44/00 Registered No. 61
(For use of Local Registrar)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 John 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) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Webb Jackson(9) PRESENT POSTOFFICE OF FATHER Cloner #2(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Herndon(15) PRESENT POSTOFFICE OF MOTHER Cloner #2(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Adley Currence
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Cloner S.C. #2(26) Witness R. S. Riddle
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 10 1915 (28) N. A. Quinn Local Registrar

Given name added from a supplemental report

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..... 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.
M. R.—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.