

(1) PLACE OF BIRTH

County of Laurens.....Township of Sullivan...

Inr. Town of.....

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

4423

Registration District No. 2906 Registered No. 12.....
(For use of Local Registrar)(2) Full Name of Child Lewis Jackson..... If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 3, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lewis Jackson(9) PRESENT POSTOFFICE OF FATHER Ware Shoals S.C.(10) COLOR or RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Laurens Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Gamble(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals S.C.(16) COLOR or RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Sullivan's town ship(19) OCCUPATION Farmer Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive..... at..... M.,
on the date above stated. (Born alive ~~conceive~~ (Hour A. M. or P. M.))(23) (Signature) Yarnie Arnold(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Thomas Catb. S.C.

(Given name added from a supplemental report)

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

(27) Filed Feb. 17, 1923 (28) W. T. Sullivan 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.

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MAKING SEPARATE BIRTH RECORDS.
WRITE PLAINLY, WITH SEPARATE LETTERS IN A PERMANENT INKED
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 2.

Bureau of Statistics, Columbia, S. C.