

## (1) PLACE OF BIRTH

County of RichlandTownship of ColumbiaInc. Town of ColumbiaCity of Columbia

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 350

File No. For State Registrar Only

2346

Registered No. 143

(For use of Local Registrar)

(No. 4 Bratton St. Sec. 1 Ward)(2) Full Name of Child in Name

If child is not yet named, make supplemental report as directed.

D. SEX Male (1) Age twice (2) Number in order of birth 2(6) Am. Parata Married? Yes(7) DATE OF BIRTH Jan. 16, 1922

## FATHER

(8) FULL NAME John Jackson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Housekeeper(14) Number of children born to mother, including present birth Three

## MOTHER

(14) NAME BEFORE MARRIAGE Ethel Sterling(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Charles Barr Medley(24) State whether Physician or Midwife (25) Address of Physician or Midwife 312 E. 1st St. S.E.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-23-1922

(Signature of 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.

Supplemental report

(Date of)

Address Medley S.C. MotherFiled 1-23-1922 119

Martin E. Woodward, M.D.