

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Int. Croghan
 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

- 41688

Registration District No. 1256 Registered No. 98
 (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 not named 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 7 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Jackson(9) PRESENT POSTOFFICE OF FATHER Int Croghan R #1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE U.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Buna Fort(15) PRESENT POSTOFFICE OF MOTHER Int Croghan R #1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE U.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Stacy Leak(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Int Croghan R #1

Given name added from a supplemental report

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

(27) Filed 19 (28) P. B. Redfern 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.