

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of Cypress

Inc. Town of .....

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7621

Registration District No. 3001Registered No. ....  
(For use of Local Registrar)

(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 Dorcas Alonnia Jackson

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

(1) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth 3rd(6) Age Parents Married yes(7) DATE OF BIRTH Feb. 26, 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Pink Jackson(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Charleston County(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

## MOTHER.

(15) NAME BEFORE MARRIAGE Geneva Davis(16) PRESENT POSTOFFICE OF MOTHER Bishopville S.C. #5(17) COLOR OR RACE Colored(18) AGE AT LAST BIRTHDAY 32  
(Years)(19) BIRTHPLACE Charleston County(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pink Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bishopville, S.C. #5

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/8 1923 (28) W. J. Du Bose 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
Bureau of Statistics, Columns 8 & 9.