

(1) PLACE OF BIRTH

County of BerkeleyTownship of 2nd

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 703

File No.—For State Registrar Only

37353Registered No. 77
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Millie Jackson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 13, 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME William Jackson(10) NAME BEFORE MARRIAGE Ms. McDaniel(9) PRESENT POSTOFFICE OF FATHER Moncks Corner, S.C.(15) PRESENT POSTOFFICE OF MOTHER Moncks Corner, S.C.(13) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 45 (Years)(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 45 (Years)(14) BIRTHPLACE Berkeley Co(18) BIRTHPLACE Berkeley Co(12) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12(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 above at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leverna Hayward (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

(26) Witness Wm. McDaniel (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 27, 1922 (28) B. M. Barron 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.