

FORM NO. 1 (REVISED 1933) USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 7.  
 Bureau of Statistics, Columbia, S. C.

**(1) PLACE OF BIRTH**

**CERTIFICATE OF BIRTH**

File No. — For State Registrar Only  
**3548**

County of Washington  
 Township of .....  
 OF  
 Inc. Town of .....  
 OF  
 City of Washington (No. .... St. .... Ward)

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1. A. 9 Registered No. .... 12 ....  
 (For use of Local Registrar)

**(2) Full Name of Child** Elvira Jackson (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl (4) Twin or Triplet - (5) Number in order of birth - (6) Are Parents Married yes (7) DATE OF BIRTH Feb 23  
To be answered only in event of Twins or Triplets  
 BIRTH (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Wm. Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Washington D.C.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE D.C.  
 (13) OCCUPATION Public works  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Maggie Wilson  
 (16) PRESENT POSTOFFICE OF MOTHER Washington D.C.  
 (18) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 38  
 (16) BIRTHPLACE Chesapeake D.C.  
 (18) OCCUPATION domestic  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ... born ... at 9:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. H. ...  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report  
 .....  
 .....  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by blank)  
 (27) Filed Feb 23 1933 (28) E. O. ... 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.