

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Sumter  
Township of Sumter  
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  
**5929**

Registration District No. 4108 Registered No. 29  
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 8, 1932  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O. Neal Jackson  
(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Hallie Drayton  
(15) PRESENT POSTOFFICE OF MOTHER R. 4, Sumter, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophie Dinkens Ferguson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R. 4, Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 21, 1932 (28) 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.

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