

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

No. 10. - For use of Local Registrar Only
1931Registered No. 39
(For use of Local Registrar)

(2) Full Name of Child

(3) Sex

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Jan 11 1931

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

(Name of Month) (Day) (Year)

FATHER.

(9) Full Name

Rufus Jackson

(10) Present Postoffice of Father

Mayeresville, SC

(11) COLOR OR RACE

Col

(12) AGE AT LAST BIRTHDAY

39

(13) BIRTHPLACE

SC

(14) OCCUPATION

Farmer

(15) Number of children born to mother, including present birth

1

MOTHER.

(16) NAME BEFORE MARRIAGE

Sofie Jackson

(17) PRESENT POSTOFFICE OF MOTHER

Sofie Jackson

(18) COLOR OR RACE

Col

(19) AGE AT LAST BIRTHDAY

25

(20) BIRTHPLACE

SC

(21) OCCUPATION

Housewife

(22) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

(Hour A. M. or P. M.)

on the date above stated.

(24) (Signature)

Susan E. Benjamin

(25) State whether Physician or Midwife

Midwife

(26) Address of Physician or Midwife

Mayeresville, SC

(27) Give name added from a supplemental report

(28) Witness

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

(29) Filed

Jan 23 1931

(30)

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.