

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 Spartanburg  
Township of Beaufort  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**91873**

Registration District No. 400.6 Registered No. 176  
(For use of Local Registrar)

City of ..... (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 Katherine Jackson  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 4 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME King Jackson  
(9) PRESENT POSTOFFICE OF FATHER Whitestone S C  
(10) COLOR OR RACE Beau (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE S C  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Frances Glenn  
(15) PRESENT POSTOFFICE OF MOTHER Whitestone S C  
(16) COLOR OR RACE Beau (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE S C  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George Jackson  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Father

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness M. W. Brown  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 12/5 1916 (28) M. W. Brown  
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.

..... fifth month of pregnancy.  
..... fifth month of pregnancy.

REG. OF COLUMBIA, COLUMBIA, S. C.