

MARGIN RESERVED FOR BINDING.
 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 8.
 Bureau of Sanitation, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Christ Church
 Inc. Town of.....
 City of..... (No. St. Ward)
 (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

File No.—For State Registrar Only
27526

Registration District No. 901 Registered No. 120
 (For use of Local Registrar)

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

(7) BOY OR GIRL Girl (8) Twin or Triplet To be answered only in case of Twins or Triplets (9) Number in order of birth (10) Are Eyes Marked yes (11) DATE OF BIRTH Sept 4 1923
 (Name of Month) (Day) (Year)

FATHER.
 (12) FULL NAME William Jackson
 (13) PRESENT POSTOFFICE OF FATHER Mt Pleasant
 (14) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (15) BIRTHPLACE S.C.
 (16) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth Four

MOTHER.
 (14) NAME BEFORE MARRIAGE Sonetta Bryan
 (18) PRESENT POSTOFFICE OF MOTHER Mt Pleasant
 (19) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (15) BIRTHPLACE S.C.
 (16) 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 born alive at 7 A.M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucey Single
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mt Pleasant Mt Pleasant
 Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 4 1923 (28) Trace Auld
 Registrar 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.