

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFALTING 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.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA		27526	
Township of <i>Christ Church</i>		Bureau of Vital Statistics			
City of .....		State Board of Health			
Inc. Town of .....		Registration District No. <i>901</i>		Registered No. <i>120</i>	
City of .....		(No. .... St. .... Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Emily Jackson</i>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet	(5) Number in order of birth	(6) Age of Person	(7) DATE OF BIRTH <i>Sept 4, 1923</i>	
To be answered only in case of Twin or Triplet					
FATHER.			MOTHER.		
(8) FULL NAME <i>William Jackson</i>			(14) NAME BEFORE MARRIAGE <i>Sonetta Bryan</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Wt Pleasant</i>			(18) PRESENT POSTOFFICE OF MOTHER <i>Wt Pleasant</i>		
(16) COLOR OR RACE <i>Negro</i>			(17) AGE AT LAST BIRTHDAY <i>25</i>		
(12) BIRTHPLACE <i>S.C.</i>			(15) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Labourer</i>			(16) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>Four</i>			(21) Number of children of this mother now living, including present birth <i>Two</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>7</i> A.M. on the date above stated.					
(23) (Signature) <i>Lucy Single</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Wt Pleasant</i>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <i>Sept 4, 1923</i> (28) <i>Trace Auld</i> 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.					