

(1) PLACE OF BIRTH

County of Greenville
 Township of Laurel

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
18798

Inn. Town of Registration District No. 2267 Registered No. 34
 (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 Marsell Jackson ... { If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or triplet? (5) Number in order of birth (6) Age Parents yes (7) DATE OF BIRTH June 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Jackson

(14) NAME BEFORE MARRIAGE Lucie Sherman

(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE S. C.

(18) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Myra V. Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife, Greenville, 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 June 24, 1922 (28) E. B. Hendrix Local Registrar.

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

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