

(1) PLACE OF BIRTH

County of Dillon
 Township of Manning
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29969

Registration District No. 1605Registered No. 57
(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 Thomas Jackson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Jackson(9) PRESENT POSTOFFICE OF FATHER Dillon S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Goerge(15) PRESENT POSTOFFICE OF MOTHER Dillon S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. W. McHenry

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Dillon S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Date Sept 2, 1922(28) Place Dillon S. C.(29) Signature of Registrar D. W. McHenry

*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.

RECORD. INSTRUCTIONS: PRINT IN INK. PRINT FULL NAME OF CHILD, AND MARK THE SEX. PRINT IN INK. PRINT FULL NAME OF CHILD, AND MARK THE SEX. PRINT IN INK. PRINT FULL NAME OF CHILD, AND MARK THE SEX.