

## (1) PLACE OF BIRTH

County of YorkTownship of Haystack

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 24.98 Registered No. 129

(For use of Local Registrar)

(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 Charles Jackson (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH Dec 29, 23FATHER. (14) NAME BEFORE MARRIAGE Nancy Denigan(15) PRESENT POSTOFFICE OF FATHER Laborer (16) PRESENT POSTOFFICE OF MOTHER Laborer(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23(19) BIRTHPLACE North Carolina (20) OCCUPATION Farmer(21) Number of children born to mother, including present birth one(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.(23) (Signature) Dr. S. P. McQueen(24) Address of Physician or Midwife Laborer(25) Witness Dr. S. P. McQueen(26) Filed Dec 29, 23 (27) Local Registrar Dr. S. P. McQueen

(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.)