

Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42257

(1) PLACE OF BIRTH

County of Orangeburg
Township of Mill
or
Inc. Town of
or
City of

Registration District No. 3617Registered No. 101
(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

J. Samuel Jackson

3) BOY OR GIRL

4) Twin or Triplet

5) Number in order of birth 3

6) Are Parents Married?

DATE OF BIRTH Feb 20 1939
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

8) FULL NAME

Paul Hopkins

9) PRESENT POSTOFFICE OF FATHER

Coke

10) COLOR OR RACE

negro11) AGE AT LAST BIRTHDAY 22
(Year)

12) BIRTHPLACE

Orangeburg

13) OCCUPATION

Learning

14) NAME BEFORE MARRIAGE

Rebecca Lister

15) PRESENT POSTOFFICE OF MOTHER

Coke

16) COLOR OR RACE

negro17) AGE AT LAST BIRTHDAY 21
(Year)

18) BIRTHPLACE

Orangeburg

19) OCCUPATION

house wife

20) 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 4 M.,
on the date above stated. (Born alive or stillborn) Hour (A.M. or P.M.)

(23) (Signature)

(24) State whether

physician or midwife

(25) Address of Phys.

or Midwife

mailed nursemeese

(When name added from a supplemental report)

(26) Witness

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

(27) Filed

Jan 10 1939

(28)

J. A. Price

Local Registrar

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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.