

## 1. PLACE OF BIRTH

County of Kershaw  
 Township of Buffalo  
 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

44634

Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (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 Ellen Jane Jackson (If child is not yet named, make supplemental report as directed.)

3. BOY OR  
GIRL

4. Twin or  
Triplet?

5. Number in order  
of birth

6. Are  
Parents  
Married? yes

7. DATE OF BIRTH

Oct 1 Monday 1923  
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL  
NAME

Henry Lucas Jackson

9. PRESENT  
POSTOFFICE  
OF FATHER

Bethune S.C.

10. COLOR  
OR  
RACE

white

11. AGE AT LAST  
BIRTHDAY

31  
(Years)

12. BIRTHPLACE

R. W. W.

13. OCCUPATION

Farmer

20. Number of children born to  
mother, including present birth

6

## MOTHER

14. NAME BEFORE  
MARRIAGE

Berkah Hainey

15. PRESENT  
POSTOFFICE  
OF MOTHER

Bethune S.C.

16. COLOR  
OR  
RACE

white

17. AGE AT LAST  
BIRTHDAY

25  
(Years)

18. BIRTHPLACE

Jefferson

19. OCCUPATION

Farmer

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 born alive at 8:08 AM  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Physician Edmund Phoe

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

27. Filed

Oct. 1, 1923

28.

Local Registrar

19  
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.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N.B.—In case of TWINS or TRIPLETS, use 2 SEPARATE BLANKS FOR EACH CHILD, and check the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5