

Form No. 1

(1) PLACE OF BIRTH

County of Marion

Township of

or Mullins

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90860

Registration District No. 3713 Registered No. 153
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child Eva May Jackson

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilson Jackson(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Conway, S.C.(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Platt(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Housewife(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 Born alive at 4 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) L. E. Rogers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 12/7 1916 (28) L. E. Rogers Local 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.