

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

49068

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

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

Registration District No. 2008

Registered No. 51  
(For use of Local Registrar)

(2) Full Name of Child

Mabel Jackson

If child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL

Girl

(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married(7) DATE OF  
BIRTH 13 Feb 1906  
(Name of Month) (Day) (Year)(8) FULL  
NAME

J. B. Jackson

(9) PRESENT  
POSTOFFICE  
OF FATHER

Scranton

(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY 39  
(Years)

(12) BIRTHPLACE

Florence Co.

(13) OCCUPATION

Farmer

(20) Number of children born to  
mother, including present birth

8

(14) NAME BEFORE  
MARRIAGE

Catherine Nixon

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Scranton

(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY 38  
(Years)

(18) BIRTHPLACE

Florence

(19) OCCUPATION

Housewife

(21) Number of children of this mother  
now living, including present birth

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

Vernelle Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Scranton, S.C.

Given name added from a supplement  
report

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Registrar

(26) Witness

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

(27) Filed

2/12 1916

(28)

P. L. Carter  
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.REASONING FOR BIRTHING.  
WHEN PLACED IN THE INFANTILE HOSPITAL—THIS IS A PERMANENT RECORD, and mark the  
M. R.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia