

(1) PLACE OF BIRTH

County of HonoluliTownship of Taua BayInc. 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

55880

Registration District No. 2074 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Josephine Jackson

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age of Parents Married? Yes (7) DATE BIRTH April 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Jackson(9) PRESENT POSTOFFICE OF FATHER Brimock Gum S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Miner(20) Number of children mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Willis

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ann Willis

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

Midwife

Given name added from a supplemental report.

2073 1916.CorneliusRegist Registrar

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

(27) Filed April 6 1916 (28) D.C. Hill 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.

MAKING UNRECORDED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 2.

McGraw of Columbia.