

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Abbeville

Township of

Magnolia

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
58247

Registration District No. 109

Registered No. 46
(For use of Local Registrar)

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

(2) Full Name of Child Jennie 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? Yes(7) DATE OF BIRTH Mar 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Jackson

(9) PRESENT POSTOFFICE OF FATHER

Abbeville R.F.D. #1

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa M. Gowan

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville R.F.D. #1

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

Abbeville S.C.

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emie P. Pickett

(24) State whether Physician or Midwife

Midwife(25) Address of Physician or Midwife
Abbeville Route 1

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Mar 29 1916(28) H. O. Pickett
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.

MARGIN RESERVED FOR BENDING

WHITE 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 5.

McCaw, of Columbia