

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a SEPARATING MEANS FOR EACH CHILD, and make the CHILD-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Fairfield
Township of X/9
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
4073

Registration District No. 1908 Registered No. 10
(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 James Belle Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Feb 22 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME X Jackson
(9) PRESENT POSTOFFICE OF FATHER Winnabow Ss
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27 1/2 (Years)
(12) BIRTHPLACE Fairfield Co S
(13) OCCUPATION Farm laborer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Daisy Hall
(15) PRESENT POSTOFFICE OF MOTHER Winnabow Ss
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Fairfield Co S S
(19) OCCUPATION Farm laborer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Minnie Belle
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Winnabow Ss

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 28 1922 (28) Dr. Ruff 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.