

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Providence

or

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

Registration District No. 41.95 Registered No. 77

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Esa Mickens 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) Are Parents Married No (7) DATE OF BIRTH Sept 28 1923

FATHER.

(8) FULL NAME Polin Jackson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. U.S.(10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Mickens(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. U.S.(16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION at Home(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Effie Anderson (24) State whether Physician or Midwife midwife (25) Address of Phys. or Midwife Dalzell St

Given name added from a supplemental report

(26) Witness Mrs Eva Barker (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 28 1923 (28) J. B. Raffick 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.