

## (1) PLACE OF BIRTH

County of Columbia  
 Township of Sherridan  
 or  
 Inc. Town of Cottayville  
 or  
 City of S.C.

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3822

Registration District No. .... Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child Samuel Jackson Jr. If birth occurs in a hospital or other institution, give name of same instead of street and number. St.; ..... Ward)

3. BOY OR GIRL

Boy

4. Twin or Triplet

To be answered only in event of Twins or Triplets

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 13, 22  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

S. Jackson

9. PRESENT POSTOFFICE OF FATHER

Cottayville S.C.

(10) COLOR OR RACE

Columbian

(11) AGE AT LAST BIRTHDAY

33  
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer.

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

1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ladyndia Walker

(15) PRESENT POSTOFFICE OF MOTHER

Cottayville S.C.

(16) COLOR OR RACE

Columbian

(17) AGE AT LAST BIRTHDAY

27  
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

E. H. Korman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Cottayville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

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.

N. B.—In case of twins or triplets, this is a full count. If child is stillborn, a separate blank form must be filled out for each child, and mark the birth on the same. See instructions on back of this form. No. 1. This office, No. 2, etc., in question 5.