

## (1) PLACE OF BIRTH

County of Florence  
 Township of Matto

Inc. Town of .....  
 or  
 City of Camard SC

(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

55871

Registration District No. 234 Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child Edith 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) Are Parents Married? No (7) DATE OF BIRTH April 7 1914 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Jackson

(9) PRESENT POSTOFFICE OF FATHER Camard

(10) COLOR OR RACE Colloid (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Hill place Camard SC

(13) OCCUPATION Wages

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Annal Bradley

(15) PRESENT POSTOFFICE OF MOTHER Camard SC

(16) COLOR OR RACE Colloid (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Hill place Camard, SC

(19) OCCUPATION House work

(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 alive at 7 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Ans. M. Thompson (Signature) and wife Scranton SC

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

Given name added from a supplemental report

1914

Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed April 17 1914 (28) A. S. Kelly 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.

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WHITES 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.

McC.

McCauley, of Columbia